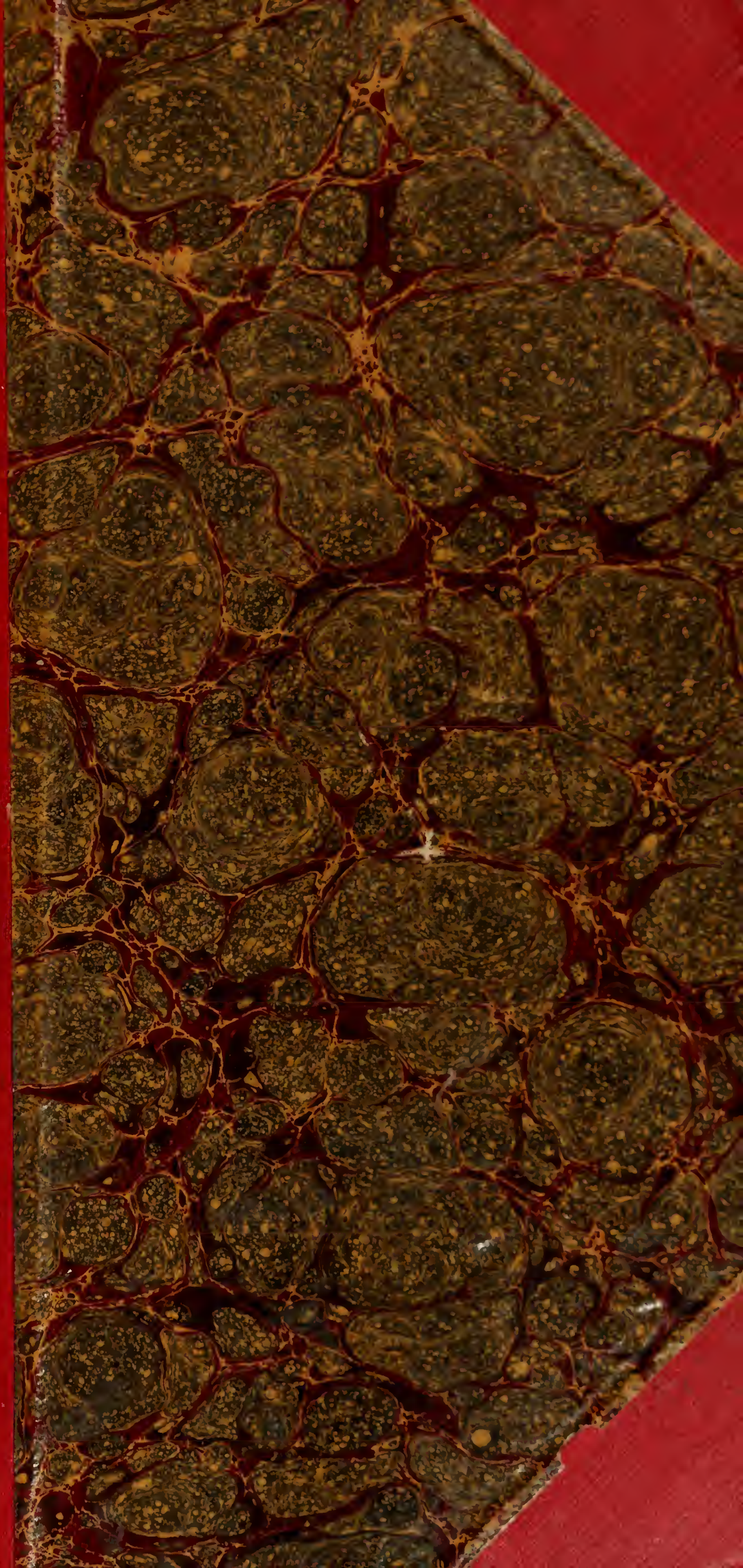

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JOURNAL

NATIONAL MEDICAL ASSOCIATION

A QUARTERLY PUBLICATION DEVOTED TO THE INTEREST OF THE NATIONAL MEDICAL ASSOCIATION AND ALLIED PROFESSIONS OF MEDICINE, SURGERY, DENTISTRY AND PHARMACY . . . . . .

Vol. 1 January - March, 1909 No. 1

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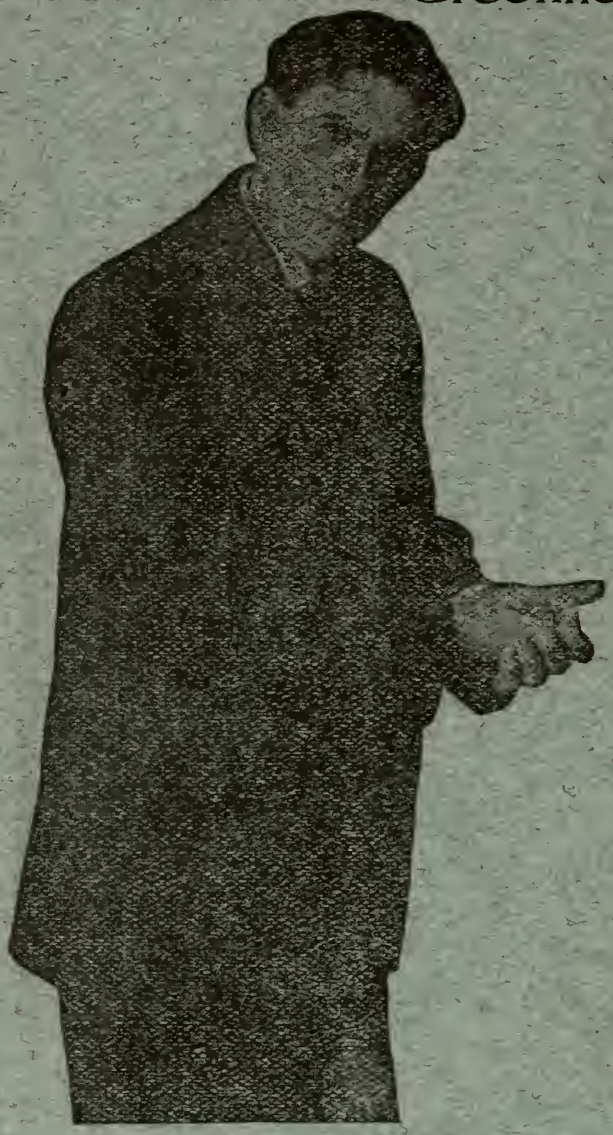

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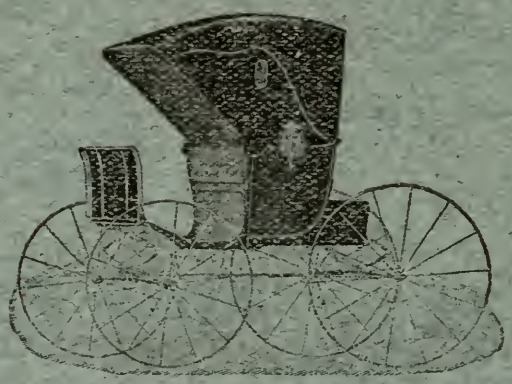

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JOURNAL
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THE NATIONAL MEDICAL ASSOCIATION

Vol. I JANUARY–MARCH, 1909 No. 1

"THE RELATION OF ACUTE INTESTINAL DISEASES TO LESIONS OF THE LIVER"

J. E. HUNTER, M. D., Lexington, Kentucky

READ BEFORE THE SURGICAL SECTION NATIONAL MEDICAL ASSOCIATION, AUGUST 25, 1908

Disturbances of the liver, as sequels of acute diseases, are quite common. To call attention to some of the pathological factors that lead to these troubles is the desire of the writer of this paper, with the hope that the discussion, which follows, will bring out many valuable points to us all on this subject.

Though we are all anatomists, yet you will permit me, I trust, to refresh your minds as to the relations of some special anatomical points of the liver, namely, the formation and distribution of the more important ducts, that carry the excretions and secretions of the liver, and also afford habitats for the development of germs. The Hepatic Duct, as you remember, is formed by the Right and Left Hepatic Ducts. The Cystic Duct, which enters the Hepatic Duct, is only a contracted portion of the Gall Bladder. At the junction of the Cystic and Hepatic Ducts begins the Common Bile Duct, which extends to the duodenum, or, at times, unites with the Pancreatic Duct, and the two form the Tube of Vater. Hence we have four divisions of the bile channel leading from the liver.

SOURCES OF INFECTION

The wandering bacillus of the colon, the Typhoid bacillus, and the streptococcus, all may find their way into these ducts, and set up inflammation. When the infection is carried into these ducts, all that is common to infection may follow, namely, inflammation, suppuration, ulceration, and perforation. At first the columnar epithelium may be destroyed, and that followed by a general inflammation and indeed a stenosis, if not other destruction. All these conditions are possible, and, as to whether or not these stages follow, depends upon the virulence of the infection. Thus we get as a result of the infection catarrh of the bile ducts, in which the columnar epithelium is broken down, the duct denuded of its deeper structures, and a general collapse, and thus forming strictures, or the epithelium may become balled together,

and, in this manner, cause an obstruction of the duct also. Pus cavities also may be formed by any of the agents of infection before spoken of. When the inflammatory obstruction takes place, the part of the tube or the duct between the liver and the obstruction may become unduly distended, and hence we have a distended Gall Bladder, a diverticulum, and hydrops of the tube. Indeed there are cases of hydrops of the liver ducts that have extended down almost to the crest of the Ilium, and have frequently been mistaken for cysts. The most favorable seat of infection, or that part which causes more disturbance, is the Gall Bladder. Any germs that are common to the body can and may enter this organ through the ducts, and there multiply, and cause a Cholecystitis. Whenever there is an inflammatory condition on the inside of the Gall Bladder, there also results an inflammatory exudate on the outside of the organ, and, therefore, it becomes quite liable to form adhesions with any of the abdominal viscera, as the colon, duodenum, omentum, pyloric end of the stomach, and the jejunum. By reason of these adhesions, we have a line of symptoms characteristic of the adherent part. Thus, with the pyloric end of the stomach adherent, we get a line of symptoms, that would very frequently be mistaken for a gastritis or a stricture of the stomach; if to the colon, such symptoms as would refer to colitis; if to the jejunum, those of gaseous distention, etc. As a result of these adhesions, fistulae may form, and the contents of a septic Gall Bladder poured out into the alimentary tract. This is Nature's way of treating these cases, even though many of our professional brethren claim that their therapeutics have brought about these results.

GALL STONES

Post-mortem examinations in the different hospitals have established the fact that a large percentage of people, who die from various causes, have gall stones, and, in many cases, these stones have never been suspected, either by the patients or the doctors. It also has been proven that gall stones may lie in the Gall Bladder for an indefinite time, and never give rise to any trouble. But these stones may become enemies of death, when once disturbed, either by infection or by becoming impacted. Such impaction may be either in the Gall Bladder, sufficiently tight to cut off the nutrition of said organ, and going on to gangrene of the part, or an impaction of the Cystic Duct, which may cause a distended or ruptured Gall Bladder; or said stone impaction may set up an inflammation, which will extend through the Cystic Duct into the Common Bile Duct, and thus cause an obstruction of this larger duct.

JAUNDICE

Shall we depend upon icterus as our diagnostic guide for stone in the Gall Bladder? No. When we shall have fixed in our minds that only a very small percentage of gall stones produce jaundice, much will have been accomplished in the study of the disease of the liver. Jaundice indeed is one of the rare symptoms of gall stones. Jaundice is due to one of two general things—a stone wedged in the Hepatic or Common Bile Duct, or possibly in the Cystic Duct, when it may form a tumor in such a manner

as to cause pressure on the Common Bile Duct, or inflammation that will cause an obstruction of the Common Bile Duct. Bear in mind, therefore, that stones in the Gall Bladder, or even in the Cystic Duct do not cause jaundice, unless they by pressure in some way cause an obstruction of the Common or Hepatic Duct. When jaundice is due to a stone in the Gall Bladder or Cystic Duct, it is almost always preceded by a colic, and the degree of icterus will depend, as to its depth and permanency, upon the firmness of the impaction. When it disappears soon, or causes no special symptoms, the obstruction is slight, etc. Another cause that may lead to jaundice is carcinoma of the pancreas, thus enlarging it, and causing it to press upon the Common Duct before it empties into the duodenum. In such conditions, the jaundice will come on gradually and increase in propo tion as the growth becomes more malignant and larger.

CASES

A few cases of acute disease that have come under my care have proven to me fully that many disturbances of the liver are often the results of acute infectious diseases.

J. S. was infected with Typhoid Fever, and ran the usual Typhoid course, convalescing from the febrile stage in about three weeks. Convalescence, however, was slow, and it was supposed that a relapse of the Typhoid took place. The fever went up suddenly to 105 and stayed there for two days, and then dropped down to 99, and following this the patient complained of severe pains in the right hepatic region, so much so that special attention had to be given to that symptom. Trying to make him comfortable for several days, and in the meantime, watching the parts complained of, I noticed an undue tenderness over the right lobe of the liver, and especially over the region of the Gall Bladder. This became tense and very painful, and somewhat protruding, so much so that he was advised to go to the hospital for surgical interference. An incision was made over the most prominent part, and a very large quantity of pus was evacuated, showing that the infect on had reached the liver. In this case it was not advisable to manipulate, or try to differentiate the anatomical relations at this point. The incision was made over the most prominent part of the swollen area, and left packed with Iodoform gauze, not too tight, however, for drainage. This patient convalesced, and made a good recovery, although at the time he was removed to the hospital he was very thin.

Julia L. ran a Typhoid course of three weeks, convalesced slowly, and, after five weeks, my attention was called to an enlargment, which appeared to be a stone in the Gall Bladder. An operation was performed; the Gall Bladder opened and emptied of quite a quantity of very virulent pus, together with several small stones. This patient made a good recovery.

J. B. had an attact of La Grippe, the symptoms of which soon subsided. In the course of two weeks after the acute symptoms of La Grippe had subsided, he complained of excruciating pains in the Right Hypochondriac region and over the Gall Bladder. All kinds of remedies of a soothing nature were administered to relieve pain, but nothing seemed to give relief. A swell-

ing occurred in this region over the Gall Bladder, which was very prominent. An operation was advised for the relief of said condition, and was consented to. An incision was made over the prominent part of the enlargment, all the tissues separated down to the Gall Bladder. This was incised, and over a pint of dark fluid was evacuated from the Gall Bladder, and the Cystic Duct was found obstructed with what seemed to be an exfoliation of the inner surface of the Gall Bladder. This was opened, and the walls of the Gall Bladder stitched to the parietal peritoneum, and packed gently with Iodoform gauze. This patient made a rapid recovery.

J. D. ran a Typhoid course for two weeks, which subsided for a few days only. This stage of quiescence was followed by secondary fever, and the patient became markedly jaundiced, the eyes and skin taking on a saffron hue. He complained of severe pains over the liver, right lobe, and, on an examination, said parts were very tense and tender. In the meantime, considerable tympanites was noticed. An operation was advised immediately, and consented to, and in the afternoon of the day, on which the operation was advised, an incision was made over the prominent part of the enlargement, and about sixteen ounces of virulent pus was evacuated. This gave relief, as to the pains, the fever subsided somewhat, but the tympanites progressed. This patient died two days later from septic peritonitis. A post-mortem examination showed that the parietal walls of the abscess had become weak, and ruptured into the peritoneal cavity, thus causing the peritoneum to become infected.

CONCLUSION

When we are convinced that the liver ducts have become infected, or obstructed, following acute diseases, or from any cause, palliative treatment should be entered upon sparingly, if at all. When such conditions take place, the paramount indication is the removal of the obstruction and drainage, which is purely surgical, and should be promptly and skillfully done, and by so doing many lives will be saved.

"PROPRIETARY PREPARATIONS vs. PRACTICAL PHARMACY"

MR. PRESIDENT, LADIES AND GENTLEMEN:

In presenting for discussion the question of Proprietary Preparations vs. Practical Pharmacy, I shall attempt a subject now discussed in medical circles by the most eminent practitioners.

To say that the manufacturers of the Proprietary remedies with their large force of expert chemists do not thoroughly understand what they produce is ridiculous. But whether such a combination is the best thing to give the patient in preference to the recognized pharmaceutical preparations is doubtful—or whether their product contains exactly what is claimed and will produce favorable results is an open question.

The manufacturers of Proprietary remedies like the manufacturers of the patent remedies claim to cover as many different phases of illness as possible. The difference between the two, being that the patent medicine manufacturer advertises to cure every conceivable ailment, drawing his support from the ignorant, innocent and many times unsuspecting public. His graft is no secret. He has so long held out alluring promises to cure all that human nature is heir to, that he has grown to be a factor worthy of serious consideration. The public fortunately, once gullible, has begun to grow skeptical and is becoming educated above the uses of such remedies. The Proprietary manufacturer is bolder, though more discreet, and damaging to a fearful degree. The druggist can by straining a point partially forgive the patent medicine manufacturer, but the Proprietary fanatic will always arouse in the breast of the true pharmacist feelings of righteous indignation, and antagonism akin to condemnation. The Proprietary manufacturer under the guise of helping out the Doctor, who would depend upon the Drug clerk to fill his prescriptions, succeeds in convincing the Doctor that such and such a prescription containing such and such a drug, with so and so much syrup and equal parts of water, is more effective and preferable to the same drug prescribed for by himself (a practicing physician), and compounded by a graduated and liscensed Pharmacist. In this his first argument, he does two things, viz.: He questions the doctor's intelligence and knowledge of what he wants, and how to prescribe it. He also questions the ability of the druggist to compound the prescription correctly.

That the good doctors do not see and feel the insinuation is puzzling. In the last ten years nothing has grown so rapidly and affected the drug business so disastrously as has the proprietary medicine invasion. Thousands of dollars that would have gone through the natural channels of the drug trade, with a fair amount of profit to the retailer, have gone to the proprietary manufacturer.

The manufacturer of these specialties is sometimes a doctor or druggist, grown weary of his profession, but is just as often an ordinary laborer who conceives the idea of mixing one or two drugs and branding the product "A cure for all" or a specific in the treatment of every conceivable disease. Taking the progressive mode of advertising with plenty of samples to the physician, his success is almost assured. Not until recently, by the enactment of the Pure Food and Drug Law, has the formula of these proprietaries been disclosed. The physician who has prescribed them has done so on faith, and thus infringed on the methods of the Christian scientists. In a measure the physician is responsible for the life given these preparations, and in the same proportion he has given life to them he has sapped the vital impetus out of the retail drug business.

The physician's argument that these preparations make the most pleasant and effective vehicles, when used with other combinations, is misleading. The active ingredient of every proprietary preparation is supposedly the active principle of some drug, the uses of which are common and familiar to the medical fraternity.

There are about one thousand recognized, separate and distinct formulas in the pharmacopea of the United States. Every practicing physician is supposed to know their uses and combination. Practice and experience, the best teachers, prove false every day the theory that the combination of one or two drugs is "a sure cure for every imaginable ailment, regardless of the individual or of previous conditions. Does not the science of medicine teach the different stages in every disease and the method of recognizing them with special emphasis on the uses of the drugs, chemicals, etc., in offsetting them?

Today the proprietary manufacturer has practically bought out the average practicing physician and drug store. So much so that the ordinary store boy with a common school education can learn in a few months to fill the majority of the prescriptions, which in most cases means the pouring from one bottle into another, and labeling the same.

From force of circumstances, the modern drug store is a combination of a department store, carrying notions, dry goods, hardware, seeds, a milk-dairy, news stand, post office, information bureau, confectionary stand with refreshment counters, and a large soda fountain, usually occupying about one-third of the available space and a most imposing and expensive structure. The mortar and pestle, pill tile and spatula are almost souvenirs of the old regime when the old doctors wrote for mercury, rhubarb and asafoetida pills, quinine and garlic syrup, emulsions of pumpkin seed, castor oil and turpentine. These were the days that tested the pharmacist's muscular strength as well as his pharmaceutical abilities, and called into active service these implements that are now almost useless and extravagant paraphernalia. Instead the average prescription now calls for:

Dr. A's "ELIXIR OF LIFE"
Dr. B's "SYRUP OF ALL CURES"
Dr. C's "OINTMENT, PLASTER, EMULSION, PILL OR CAPSULE"—

while the tinctures, ointment, etc., put up by the pharmacist grow stale upon the shelves.

And yet, our most reputable pharmaceutical schools are adding another year to the regular pharmaceutical curriculum. Three years are now required to learn to read and compound the average prescription which is not even dignified by the use of latin terms. About the only way in which it conforms with the old doctor's prescription is the characteristic R or the "Take thou" sign at the top of the blank, and the inevitable "Tid" in the directions. While this rule is very general there are some honorable exceptions.

The question uppermost in the pharmacist's mind is whether practical pharmacy is on the decline or are the common interests and co-operation between the physician and the druggist growing less with time? while the proprietary manufacturer is gradually and assuredly usurping the work of both.

Grant that Dr. A's Elixir is a pleasant and palatable vehicle in which to suspend one-fourth of a grain of strychnine, morphine or a few grains of bromides, will not the good doctor give the poor pharmacist a drowning man's chance, and give him credit for

knowing how to mix a little syrup of lemon, peppermint water and alcohol and suspend in it the ordered ingredients?

A proprietary preparation which I have in mind is a combination of

Phosphoric Acid Compound,
Potassium Phosphate,
Ferric Phosphate,
Calcium Phosphate,
Muriate of Quinine,
Strychnia Sulph,
Flavoring Syrup and Caromel.

A similiar preparation is

Elix Ferri Quinine et stry. Phosp. containing
Citrate of Iron.
Quinine Hydochlorate,
Strychnia Sulph,
Phosphoric Acid,
Alcohol and flavoring syrup.

The formula of the latter is given in the National Formulary and can be made very cheaply by any druggist, but in most instances it is sparingly used; while the former, a proprietary, is ordered in large quantities. A druggist is not allowed to make a proprietary preparation but is forced to buy and dispense it, costing him at wholesale about 71 cents in bottles of about ten ounces. The very best the druggist can hope to get out of the full bottle, his bottle, cork, label, labor included is $1.25 (according to the scale of prices which prevail in my section of the country), after paying freight and all other expenses, incident to dispensing three or four bottles of it, he has to his credit the enormous sum of ten cents and a fraction. This same thing is true of hundreds of other preparations that are daily prescribed with absolutely no profit to the druggist, while his own elixirs, liquids, tinctures and syrups remain untouched, and his back yard is filled with empty bottles covered with proprietary labels. Is it fair to the druggist?

The physician is usually the first to boycott the pharmacist who attempts to conduct a drug store without first getting the necessary training and qualifications and his credentials as to fitness, etc. These requirements met, he is forced to buy and dispense the other fellow's preparation without knowing what they contain, and he dares not try to find out in order to make them for himself. He is without any redress and absolutely at the mercy of the proprietary manufacturer. No need to appeal to a physician who knows a dose of Peacock's Bromide will produce immediate relief while an approximate dose of sodium, ammonium, and potassium, bromide with simple elixir will be instant death.

To the average physician Hayden's Viburmun Comp., is a guaranteed elixir of life. That same physician would dismiss a pharmacist with contempt if he offered him an elixir containing cramp bark, triticum, aletris, cassia, cloves, alcohol water and glycerine, which by analysis is proven to be the principal elements of Hayden's Compound. The pharmacist then in self defence must too often advance a step higher and become a doctor,

or step down and beceme a proprietary manufacturer. As manufacturer he can get the ears, the sympathy and the support of the practicing physician, which is too often denied him as a druggist.

There are fully fifty thousand proprietary preparations in the American drug trade, exclusive of all the local lines put out by retail druggists. No man knows them all, no firm carries all of them in stock, the list is constantly changing, new ones being born, old ones dying, and as a whole, the items are as changeable as so many human beings.

And yet what pharmacist in this meeting has not wished the art of pharmacy in the middle of the Pacific, when, after he has labored to make up his preparations, fill his shelf bottles, ointment jars, and congratulates himself that he is ready to fill any prescription, his next customer brings a prescription for "Dr. Gray's Specific Rheumatic and Malaria Fever Cure."

I once had charge of a little drug store in a small country town. The nearest wholesale house was eighteen or twenty miles away. The facilities for securing drugs were indeed the very worst imaginable, and yet the doctors of that town with a few exceptions, prescribed proprietary remedies, preferably the latest, the newest, and the hardest to get.

Peacock's Bromide was such a favorite of theirs, I thought to try to interest them in a preparation which the National Formulary says is equal in every way to Peacock's Bromide: viz.: each dram containing five grains Pot., Sodium, Ammonium Bromides, one sixteenth grain citric acid, tincture of vanilla, cudbear, simple syrup and caramel. I took this preparation of my own make to the doctor and asked that he study the formula and give it a trial in any case where he needed a sedative. He thanked me, but said he didn't know anything about the combination. He did not say, however, what he knew about his materia medica, nor did I ask him. The next day he wrote for Peacock's Bromide and underscored it. The same is true of hundreds of similar preparations, which are but simple combinations of chemicals or drugs to be had in every drug store. The physician tells you he doesn't know anything about them. It is, I think, safe to presume that not one doctor in every ten knows what his favorite proprietary remedy contains, nor does he bother himself about finding out. He accepts the manufacturer's statement. In short he doesn't care, so long as it comes through the regular channels and bears the proprietary stamp. The very opposite is true when it comes to the local druggist's preparations.

The position of the druggist should be defined and protected. Compounding, mixing, shaking, rolling pills and measuring is as much the druggist's legal and moral right as feeling the pulse, taking the temperature and writing prescriptions is the work of the doctor. If the doctors are going to lower the standard and effect our methods, poison the minds of the pharmaceutical aspirants, he is, I fear, but digging pitfalls into which he will eventually fall. If the pharmaceutical profession offers no inducements, the medical profession is but one step higher; the manufacturer of proprietaries one step lower. As a physician he helps to crowd an already crowded platform and may eventually push some one overboard. As a proprietary manufacturer he may combine

with others and through the medium of advertisement, inform the public that it is worse than folly to pay a physician for his services, since he invariably prescribes for proprietary preparations—the same that is sold from the shelves of the department stores, the label of which tells its uses and doses.

The pharmacists all over the country are praying not that proprietary manufacturers, by legal authority or ruling, be forced out of business and off the earth, for he has his legal rights, and we respect them, but that the physicians leave the proprietary preparations to their fate and their victims; to go back to the old standard and practice medicine scientifically. An appeal to the medical profession to leave off the short cuts and the easy-going manner of prescribing; to earn his fee honestly, tax his brain to remember doses, compatibilities, incompatibilites and solubilities, instead of numerous men's names as prefixes to elixirs, syrups and other specialties.

Give the druggist a show. Give the man who is expected to be on duty from sun to sun, to get up in the dead of the night to sell a stamp without losing his religion, a chance to make good. Give the man who stands between you, your patient and death, an opportunity to prove his worth, his loyalty and his patience.

The doctors by giving support to the legitimate drug business are raising for themselves bulwarks of strength and fortresses of worth and service, gaining the lasting good will, gratitude and devotion of the men who represent a very important branch in the medical profession, who will if supported keep abreast with the times and advance with science.—Mrs. J. P. H. Coleman, Phar. D., Newport News, Va., Manager Columbia Pharmacy. Read at annual meeting N. M. A., New York, August 25, 1908.

OPSONINS AND THE OPSONIC INDEX IN MEDICINE

JOHN B. HALL, M. D., Boston, Mass.

In the year 1902 Sir A. E. Wright, of London, announced a new method of treating diseases of bacterial origin by the inoculation of corresponding vaccines. This method is based on the results of certain experiments performed by him and his associate, Stewart R. Douglass.

They proved that there were elements in the blood serum whose function it was to prepare invading bacteria for ingestion or destruction by the phagocytes in the blood.

They first used the word "Opsonins" to refer to these elements, which word they derived from the Latin verb, "Opsono," meaning, "I prepare food for."

They proved that the opsonins or the opsonic content of the blood could be increased by the inoculation of vaccines and lastly they devised a method for the determination of the amount of opsonins existing in the blood of a given case.

Perhaps no other subject in medicine has interested our profession more than this one. Our confreres across the ocean have manifested and shown much zeal and enthusiasm because, no doubt, of the fact that the method started over there and the most literature, the result of a great amount of research work and experiments, has emanated from there.

In recent years the physicians on this side of ocean, both in Canada and the United States, have become more and more interested. Previous to the year 1906 this subject could not be found in any index of the Journal of the American Medical Association which I think we read more than any other, but since that time it has occurred many times.

It is needless to say that the profession to a great extent at first, and to a lesser extent at present, has been somewhat chary of accepting this new method of treatment. They claim that the opsonic content varies too much in the normal individual, that the errors are too great in the determination of this opsonic content, that it consumes too much time, that a trained bacteriologist and laboratory are needed.

Others, including the scientists, condemn it because it is new. Each new method of treatment must be given a fair trial in order that its value may be determined. While we should at all times be conservative in exploiting this or that method of treatment, or accepting the same, still, on the other hand, we should not be too prone to condemn every new method, for in time we shall find our resources for the treatment of the different diseases somewhat limited.

While Sir A. E. Wright's name is most generally mentioned in connection with this form of therapy, still it is well to remember that others before him succeeded in proving by experimental evidence certain fundamental facts with which his name is commonly associated.

In 1895, Denys and LeClef, French physicians, showed that when rabbits were immunized against Streptococci pyogenes, the serum acquired but slight bacterial properties, but that such serum when brought in contact with the leucocytes of normal immunized rabbits, greatly enhanced their phagocytic activity. From careful experiments they concluded that in an immunized rabbit the leucocytes obtain their power of engulfing bacteria from some property of the serum. They were the first to produce reliable experimental evidence, proving that substances which alter microbes in such a way as to permit their being ingested by the leucocytes, exist in the serum of immunized rabbits.

In 1897, Mennes, German, showed that immunity of guinea pigs inoculated with toxins or cultures of pneumococci depends on a modification of their serum whereby an active phagocytosis is induced and this is not due to any special activity of the leucocytes.

In 1902, the British Medical Journal, page 73, had an article entitled, "Method of Estimating Phagocytic Power," by Leishman. Wright's method with which we are more familiar, is but a modification of it.

Before considering the work of the man who stands pre-eminent in this subject, let us review Metschnikoff's theory of immunity with which we are more or less familiar. He held that the destruction of the microbe in the animal body is to be explained by cellular activity. His school believes that the leucocyte is the only element of the blood actively concerned in phagocytosis of micro-organisms. The infecting microbes are taken up by certain cells of the organism and are destroyed by inter-cellular digestion. This theory attributes everything to the white blood corpuscles and does not consider that the blood fluid takes any part in the phenomenon. These views, as we shall see, are directly opposed to those held today.

In 1902, Wright and Douglass introduced the word "Opsonin," to characterize the substance in the normal blood which they believed prepared the microbes for ingestion by the leucocytes. They have sent out from the Pathological Laboratory, St. Mary's Hospital, London, not only much scientific information, but right there have produced marvelous cures of nearly all the bacterial diseases. We may well note here the fact that subjects of their experiments were not animals like guinea pigs, rabbits, mice, or monkeys which one ordinarily finds in the laboratory, but human beings, suffering from various diseases.

In other words, Wright's is a laboratory in which experimental medicine and practical therapeutics have been amalgamated. Wright and his associates approached the problem of phagocytosis differently from the way Metschnikoff did. They separated the corpuscular elements of the blood from the fluid elements. They obtained leucocytes suspended in a neutral medium instead of in blood plasma, and the blood plasma (or blood serum) free from leucocytes or erythrocytes. They prepared also an emulsion of staphylococci in normal salt solution and found if they brought only the leucocytes and staphylococci together, practically no phagocytosis occurred but that the addition of blood plasma (or serum) to the leucocytes and staphylococci, effected some changes so that phagocytosis did occur. The obvious deduction was that the leucocyte by itself was impotent, and further, that the blood plasma contained some substance which was essential to the attainment of phagocytosis. Their conclusions are as follows, and I may add that the same were reached by Wm. Bulloch and E. E. Atkins of London:

1. The opsonins do not stimulate the leucocyte but combine with the micro-organisms and prepare them for phagocytosis, hence their name.

2. They are normally present in the blood to a lesser or greater degree.

3. The opsonins in a normal serum are almost completely destroyed by heating for 10 minutes at 60 degrees C.

4. Increased production is stimulated by the invasion of the body by bacteria.

5. They have a high degree of specificity, that is, the index for the tubercle bacillus may be low, while it is high for staphylococci.

They have also made certain generalizations:

1. In strictly localized affections such as furunculosis, tubercular adenitis the index is below normal.

2. In systemic affections the index tends to fluctuate, e. g., acute pulmonary tuberculosis.

Attempts have been made to give certain diagnostic and prognostic value to the opsonic test but more experimental evidence is needed. An index below .8 is abnormal, whether it actually represents that an infection has already taken place or merely may take place, it is impossible to say.

An abnormally high index is probably a sign of infection but it cannot be used prognostically as it may occur in cases which do well and in those which are quite hopeless.

A normal index would indicate no infection.

Before proceeding any further it may be well to define more explicitly terms we have already used and explain others that will be included in our discussion.

"Opsonins" as we have seen are ingredients of the blood serum which aid phagocytosis by their action on a given micro-organism, i. e. they act on the microbe and prepare it to be ingested by the protective body cells or phagocytes, chief among which are the polynuclear leucocytes of the circulating blood. Expressed differently, opsonins combine with the invading bacteria and in some way cripple them so as to favor their ingestion by the phagocytic leucocytes which without this preparatory attack by the opsonins, are incapable of becoming bacteria destroyers.

Opsonic index of a given patient is the relation between the opsonins present in his serum and the opsonins present in the serum of a normal individual. In other words it is the phagocytic index of the blood to be tested divided by the phagocytic index of the normal serum. The opsonic index of a given blood may be regarded as the capacity of its serum to stimulate phagocytosis, for the higher the opsonic content of the serum the more active the power of its leucocytes to engulf bacteria. The opsonic index is chosen because it is not possible in two tests with different emulsions of one and the same bacterium to obtain comparative results.

Vaccine therapy—the administration of the corresponding vaccines in the bacterial diseases, e. g., Koch's tuberculin in tuberculosis.

Opsonic therapy—administration of the same vaccines with the dosage and frequency of administration depending on the opsonic index.

Negative phase—the drop below normal (normal being regarded as one) which immediately takes place after an inoculation and lasts about 24 hours.

Positive phase—the rise that then takes place going above normal where it remains for two or three days.

STRUCTURE OF OPSONINS

This is a subject that very little has been written about. Wright and his associates from an investigation of the literature did not concern themselves with this phase of the subject. Hek-

toen of Chicago is much quoted in this connection. "Opsonins belong to that class of anti-bodies such as bacterio-lysins, agglutinins and anti-toxins, and hence are produced anew like these in response to immunization with suitable foreign cellular receptors." He and Rendiger (1905) concluded that the opsonins possessed two melecular groups, a haptophore whereby they attach themselves to corresponding receptors in bacteria and other cells, and a functional group which may be called the opsoniferous, whereby is effected in the cell to which they are attached, some change physical or chemical that is necessary for phagocytosis.

SPECIFICITY OF THE OPSONINS

Wright and his associates regarded opsonins as being specific, that is, we have separate opsonins for example, in staphylococcic and tubercular infections. Potter, Ditman, and Bradley were unable in their experiments to confirm this claim, although William Bulloch, London, states that a high degree of specificity exists. Much more has been written under this head than under the "Structure of the Opsonins." The weight of opinion is contrary to Wright's claim. Bulloch bases his conclusions on the following experiments:

The opsonic power of a serum was tested against both staphylococcus albus and the tubercle bacillus. The serum was then mixed with one or the other of these microbes and after being put in the incubator the mixture was subjected to the prolonged action of the centrifuge, whereby the microbe was thrown down as a deposit and the supernatant clear serum had lost all opsonic power for staphylococci while it "largely" retains its opsonins for the microbe with which it had not been digested. Simon, John Hopkins, has performed these experiments often using his percentage method for the determination of the opsonic index, and every time it was found that the opsonic power for staphylococci and for colon bacilli declined in about the same ration. Potter, Ditman and Bradley's experiments were similar and they observed a similar decline of opsonic power.

SOURCE OF OPSONINS

This is a subject that we know very little of as very little work has been done with this end in view. Wright and Douglass as we have seen have proven that opsonins exist in the blood serum and not in the leucocytes. Simon, Baltimore, performed a series of experiments to determine what part, if any, the various organs of the body take in the production of opsonins. the animals were bled by dividing the femoral vessels and thoroughly milking the body. The organs were removed and ground up with well washed and dried quartz sand. A fluid extract was then made with the addition of the smallest amount of salt solution and the sand separated by centrifugalization. The extract was then infected as usual, incubated and examined. The organs examined were the liver, spleen, brain, pancreas, ovaries, testicles, muscle, lymph glands, mucous membrane and muscular coats. The results were all negative, which fact tends to show that the opsonins are essentially components of the blood. The inference naturally suggests itself that they may be formed here. If so,

are the leucocytes their possible source? Metschnikoff believed that the leucocytes furnished opsonin to the serum. The fact that opsonins are increased so frequently in infections which are associated with hyperleucocytosis would point to leucocytes as their source. The investigations of Simon did not support this view. In the case of a dog in which an artificial obstruction of the small intestine was produced, there was a remarkable increase of leucocytes but an opsonic content not at all in excess of what is normal for dogs. He also noted the same condition in a patient suffering from symptoms suggestive of appendicitis. Conversely cases occur where with a normal number of leucocytes the opsonins are very high.

In their research on "The Action of Yeast in Tuberculosis and Its Influence on the Opsonic Index," Huggard and Morland, London, discovered the rise in the number of leucocytes appears to be coincident with a fall in the opsonic index and a final lower level in the number of leucocytes, under the prolonged administration of yeast appears to correspond with a rise in the opsonic index. Bulloch and Ledingham with certain drugs which caused leucocytosis, found no increase in the amount of opsonins. Just what the relation is, remains to be worked out. The same is true of the opsonic action.

TREATMENT

This is the phase of the subject that we as general practitioners, are mostly interested in. Many, perhaps, will claim that this method of treatment is not practical, that it is complicated, that skill, time, and a laboratory are necessary. Granting that is so, our interest should not decrease in the least. Perhaps the problem will best be solved by our hospitals. At present you can have the opsonic index determined for you by the payment of a fee just as you would have the sputum examined for the tubercle germ or the stool for the typhoid bacillus. Just as the Health Department in most cities makes or confirms gratuitously your diagnosis in a case of diphtheria or malaria, so it can determine the opsonic index for you. Just as many states and many cities furnish you gratuitously your anti-toxin, so it could supply you with bacterial vaccines. So you see the problem is not so difficult after all. Some might say that the personal equation in the determination of this index counts too much as regards accuracy, but after investigating the results, i. e., the opsonic indices of the different bacterial diseases by different workers, I found that there was little difference.

Briefly stated the treatment of a bacterial infection by Prof. Wright's method consists in increasing the anti-bacterial substances of the blood by inoculating the patient with dead micro-organisms of the same species that have caused and are maintaining the morbid process. This form of treatment is similar to the treatment of tuberculosis with Koch's tuberculin. We are all familiar with the fact that tuberculin is administered for diagnostic purposes and to a less extent, perhaps, also for curative purposes. This is nothing more than the administration of a bacterial vaccine but it is done with the clinical symptoms as a guide to dosage and frequency of administration. This is spoken of as a clinical method in contradistinction to the opsonic or lab-

oratory method, dose and frequency, as we have seen, depending on the opsonic index.

The clinical method is much in vogue at the Trudean Sanatorium, Saranac Lake, N. Y. While the opsonic method is more accurate, still in the treatment, the clinical manifestations are also noted.

The blood serum of man contains a substance which we have designated as opsonin and in a state of health this opsonic content or the opsonic index is at a certain normal level. By the method given above this can be determined for any particular pathogenic microbe.

During infection by certain bacterial species, the opsonic index for this particular species is usually below normal or as Wright would say, the individual's serum is in the negative phase of opsonic power. Thus in chronic staphylococcic diseases such as acne vulgaris or furunculosis, the staphylo-opsonic index is depressed and in pulmonary tuberculosis or osseous or glandular tuberculosis, the tuberculo-opsonic index is low. By its natural recuperative power, that is, by its spontaneous immunity, the infected individual may generate opsonins of sufficiently increased potency to overcome the invading bacteria and to permit the phagocytes to destroy them. Similarly by hygienic and therapeutic measures, the opsonic activity of the blood serum may be increased. Wright's work succeeds in artificially stimulating the flagging opsonic power of the injected individual's blood (by the use of bacterial vaccines properly dosed and spaced) and of arousing it to a point at which healing processes begin and progress to recovery.

EXAMPLE

Take a case of furunculosis which fails to yield to the usual hygienic and medical measures. An examination reveals a low opsonic index, i. e., the patient's blood does not excite a phagocytosis to staphylococci. A vaccine is prepared from the staphylococcus aureus from victim's own furuncles. A subcutaneous injection of 200 millions is administered. Result—negative phase. In three days index rises usually above normal, positive phase which lasts for several days and then declines.

With negative phase patient feels indisposed, but as the positive phase comes on a feeling of general well-being comes on.

The following diseases have given the best results as regards treatment:

1. Staphylococcic infections.
   Sycosis furunculosis, acne.
2. Tuberculous infections.
   (a) Localized.
   Tubercular peritonitis, cystitis glands, sinuses, phthisis.
   (b) General.
3. Diseases due to the gonococcus.

Investigation shows that wonderful results have been obtained in these diseases and especially in the staphylococcic infections and cases of localized tuberculosis.

PROFESSIONAL CARE OF DECIDUOUS DENTURES

Mr. President and Members of The National Association of Physicians, Dentists and Pharmacists:—

The subject which we are about to present to you is apparently insignificant to many of our professional men, yet to the dentist it is a most essential specialty, because it is the foundation of our building which we never complete and is at present one of the loftiest, "Sky Scrapers" in existence.

To the physician it is vastly important as it is often, "The Stone rejected by the Builders," with serious and fatal results, the cause of which is never known.

The Deciduous Dentures are, as a rule, neglected principally by the parent yet the health of the child is almost wholly dependent upon these little cutters and grinders.

As the physician is the first to be with the child, even from its very existence, therefore the Dental Profession looks to the Medical Profession for assistance in caring for these teeth.

Let us begin with the infant at six months which has had milk and liquid foods for nourishment (however we shall not discuss the twentieth century methods of infant feeding nor shall we compare it with the fat-meat-skin method of Ye Aulden Times) for we mention this period wherein the infant begins to erupt its teeth, between the 24th week and the 24th month. This is the time which causes the mother so much anxiety, as the little one suffers excruciating pain and is often treated for some form of organic trouble merely because the physician has not been thoughtful enough to investigate the oral cavity. In many cases, the infant suffers no inconvenience whatever in erupting teeth and in other cases the pain is so severe that it is absolutely necessary to make incisions in the gums during eruption and according to Constant, it is due to blood pressure in the papilla and underlying mesoblastic tissue and not to the increasing length of the roots of the teeth as many have maintained.

Such minor operations are essential until the second molar is erupted, usually at the end of the second year and sometimes during the third year. During the eruption of the superior and inferior canines by a vis-a-tergo which forces them toward the mucous membrane and preceding the second molars, the mother dreads this period, for according to old sayings, "If the child passes its second summer safely all fears have vanished." Of course, such theories nowadays are of no moment. Nevertheless, if any adult has ever experienced the pain caused by the eruption of the Dens Sapientes, you alone can sympathize with the poor little baby.

We can cite instances wherein the infant would cry day and night, the physician prescribing, the pharmacist dispensing and the nurse shoving the milk bottle and soothing syrup, but upon examining the mouth, inflamed and tender gums were observed by which the use of a nice sharp lancet (with no local anaesthetic) gave immediate relief.

Does not such diagnosis and treatment (although simple) add much to the reputation of the physician, to the health and comfort of the child and to the confidence of the mother?

After the deciduous teeth have erupted, the child partakes of the food prepared for the family, but from now on it is actually neglected until it complains of tooth-ache; yet the services of a dentist are not sought until tumefaction sets in. To remove the molars of a three or four year old child, is indeed appalling to the dentist; and to deprive one of its most important teeth for six long years, until the bicuspids have developed, is more serious than many persons would think.

Deprived of molars, the child must masticate its food the best way in can until the first permanent molar is erupted at six and under such circumstances practically useless, for its function is to assist the temporary molars until they are replaced with bicuspids at the proper age of ten or eleven. Its position of course, is in rear of the second temporary molar. As the tooth is so easily erupted, its appearance is usually unknown to the parent and is not noticed until caries set in and consequently tooth-ache, at which time it is mistaken for one of the deciduous teeth and neglected; of course, the parent is disappointed when told that it is a permanent tooth and will not be replaced by nature. This often occurs before the child is nine years old.

Now, what a predicament the patient is in, with no molars to grind its food and the bicuspids scarcely erupted.

Is there any reason why the child is suffering with what is commonly known as "Children's Complaints" and which by the way is a convenient term of diagnosis? What is to prevent the patient from having gastric, intestinal, hepatic or biliary disorders and apparent emaciation characterized by pallor of the cheeks with lowered vitality rendering it susceptible to pathological conditions?

Not only that, but abnormal arches will be formed which are very embarrassing to the patient, especially females, when the adult age is reached; however, we shall avoid the discussion of Orthodontia which does not especially interest the physician and pharmacist.

When a child cannot properly masticate its food, the aforesaid conditions not only result, causing the loss of appetite for nitrogenous food so necessary for the economic development of the osseous tissue, but the patient has a tendency to eat an excess of what is commonly known as "nicknacks", thus taking into the system an unnecessarily large amount of carbo-hydrates, which are not only detrimental to the system, but to the remaining teeth unless the proper precautions are taken.

How can a physician overcome these perplexities in treating children? Easily enough! Advise the patient to place the child, at the age of three under the supervision of a competent dentist and it will seldom need medical attention, except for such diseases that are common to children, the prognosis of which are favorable. Such methods of procedure often save the life of a child and the reputation of the physician, because the deciduous dentures can be filled with materials that will preserve them until their exfoliation for the permanent ones between the ages of seven and fourteen.

It has been our experience that more patience is necessary to treat children's teeth than adults, yet there are exceptional

cases wherein the child is by far the better patient—that of course, depends principally upon the temperament of the individual. It is practically impossible to extract a child's tooth painlessly, especially if premature, and after the first extraction, no amount of persuasion can induce your patient to try another one (this is one case where they are not ready and willing to be tried again); therefore if for that one reason only, it is essential to advise parents to pay more attention to the deciduous dentures by semi-annual visits to the dentist.

You will not be able to readily convince the parents of the necessity and importance of sending the child to a dentist nor will the dentist have little trouble to induce them to have the child's teeth filled and the first question asked, is. "What's the use of filling these teeth, if they have to come out?" Of course, a reply to such an innocent query calls for a long and probably hopeless explanation.

A few months ago, a lady brought her little boy, age four, to have his tooth extracted. It was his first molar and in good condition to be filled, although it had been aching. I advised filling this tooth and several others which were decayed, asking a mere nominal fee, but she could not see the wisdom of what she called "wasting money." As the little fellow seemed unusually brave and intelligent and had such beautiful teeth and noting that the mother was determined to have his tooth extracted, I remarked, "Madam, if you will send this boy to me next Saturday I will fill his teeth free of charge." After much persuasion and of course apologizing to her for making such an offer, she promised to send him, but I regret to say that she failed to do so.

This incident is mentioned to show you how much is to be done by our professional men to educate the laity to take precautions that will benefit the health and welfare of a community, as well as that of an individual.

In some cities, provisions are made for the examination o school children's teeth, and in every city, town or hamlet, the examination of the mouths of children attending school should be as compulsory as vaccination; for by so doing, much suffering and sickness due to disease of the gastro-intestinal tract will be alleviated, which in many cases, are directly traceable to diseased oral conditions.

It is quite true that the physician may not be required to write as many prescriptions nor the pharmacist to fill them, yet we must remember that in the practice of Medicine, Dentistry and Pharmacy there is something to be considered other than money.

What profiteth a physician to treat a patient for cholera infantum, diarrhea, indigestion or neuralgia, when the teeth or pathological oral conditions are the cause of it; or a pharmacist who dispenses remedies when he is unaware of the cause of the pain— and permit us to digress right here and advise our pharmacists to not sell a remedy for thetooth-ache unless you know the direct cause, as there are cases in which tooth-ache drops, tooth-ache wax or other remedies, guaranteed to cure, will be useless, and as a result, your drops and wax will be condemned by the laity; again there are cases that can be instantly relieved by these preparations.

There are also conditions of tooth-affection which require the application of counter-irritants or the use of a drug that will allay the painful symptoms of periodontitis or pericementitis: you will also find that a laxative or a purgative or a hot foot bath or cold applications will give temporary relief caused by an inflamed tooth, if the services of a dentist are not convenient.

Fellowmen, much more could be said concerning the oral cavity which would be of interest to the profession, but in order to do so, will necessitate a deviation from our subject and require more time.

This topic, like all others can be discussed pro and con and never be exhausted, but as we assemble annually for mutual benefit in exchanging ideas and advancing thought, various topics can be presented which will tend to broaden the already magnanimous spirit of each and every man (and woman) present; for ignorance, carelessness and avarice have caused failures among our professional men, but intelligence, caution and unselfishness have been blessings to every community and to our professions. —D. A. Ferguson, D. D. S., Richmond, Va., Read before the National Medical Association, New York, August 26, 1908.

THE DEONTOLOGICAL ORIENTATION OF ITS MEMBERSHIP AND THE CHIEF FUNCTION OF A MEDICAL SOCIETY

AN ADDRESS ON MEDICAL ETHICS DELIVERED BEFORE THE ROCK CITY ACADEMY OF MEDICINE AND SURGERY BY PRESIDENT C. V. ROMAN, PH. D., M. D.
APRIL, 1908

By way of introduction I must make an apology for the polysyllabic ponderosity of the title of this brief paper, but the limitations of my vocabulary precluded any other title that would so specifically define my intended subject-matter. So I have sacrificed elegance of diction to concisement of statement and have preferred the thunderous roll of Johnsonion pollysyllables with directness and brevity to the tedious circumlocution and triteness of phraseology that would be necessary to the employment of more current colloquialisms. Medicine is a learned profession and its votaries should be scholars. It would therefore, be a reflection on our membership to hesitate to employ technical and scientific terms in the discussion of any subject, however common-place or recondite that may come up for consideration in our meetings. It is, therefore, not to illume more enlightened scholarship but to maintain the logical concatenation of my subject that I begin by defining the terms of my title.

Deontological means appertaining to Deontology—"The science of that which is binding or obligatory." (Webster.)

Orientation is the power of determining the points of the compass, of locating oneself with reference to things generally; to take ones bearings.

"Deontological Orientation" is therefore a suitable title under which to discuss the duties and obligations of physicians in their dealings with the public and with each other. The subject falls naturally into the following divisions:—

1. What are the duties and obligations of the physician to himself?
2. To the patient?
3. To the profession?
4. To his brother practitioners?
5. To the public?

Let us examine briefly our subject under each of the above divisions.

1. The physician himself. The first duty the doctor owes to himself is to remember that the practice of medicine is a profession and not a trade. There is a radical difference between the two. President Faunee of Brown University makes the following keenly analytic distinction:—

"Trade is occupation for a livelihood; profession is occupation for the service of the world. Trade is occupation for joy in the result; profession is occupation for joy in the process. Trade is occupation where anyone may enter; profession is occupation where only those who are prepared may enter. Trade is occupation taken up temporarily until something better offers; profession is occupation with which one is identified for life. Trade makes one the rival of every other trade; profession makes one the co-operator with all his colleagues. Trade knows only the ethics of success; profession is bound by the ties of sacred honor."

This knowledge will lead him to uphold the traditions of the profession for humanity, morality, intellectuality, charity, and fraternity. Hippocrates, fitly and affectionately denominated the father of medicine, required those who desired to enter upon the study of medicine, to take a solemn oath in which occur the following sentences:

"I will follow that system of regimen, which according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous."

"Into whatever houses I enter, I will go into them for the benefit of the sick, and abstain from every voluntary act of mischief and corruption."

"With purity and holiness I will pass my life and practice my art."

The real mission of medicine is to benefit mankind by healing the sick and preventing disease, not the enrichment of its votaries. The true physician gathers his emoluments because he deserves them, not because he seeks them. His rewards follow as a consequence of duty done. His right thereto is based upon the highest ideal of civilization—the triple extract of ethics, religion and common-sense; faithful service deserves liberal rewards. The physician's duty to himself is to practice his art in such way as to uphold the noble traditions of his profession, benefit his patients, and bring to himself sufficient financial reward to enable him to meet his full duty as a man and a citizen.

2. To the patient—A physician owes it to his patient to give him the best treatment for his malady that is known to science.

He should adopt as a sacred creed that ancient motto of medicine—*"Curare cito tute et jucunde"*. That which he is unable to do himself, he should unhesitatingly call a professional brother to do. What would you think of a medical man who would treat a patient who had an exposed intestine three or four days without replacing the gut or calling a surgeon? Yet that is what a practitioner does who treats a prolapsed iris with eye-washes until the eye is lost before referring him to a competent eye-man. The field of medicine is too broad for one mind now. Only the veriest sciolist will attempt to cover it all. Many divisions of medicine have become fullfledged, independent professions. Dentistry, Prosthesis and Optometry for instance. Ophthalmology has reached this stage in Europe and the older communities in America and Otology, Laryngology and Rhinology are on the border-land. There is a point where all branches of medicine converge. This is the hub of the healing art. Here stands the general practitioner, who is, and who ever has been, and must ever be the chief factor in making the healing art a blessing to mankind. It is to the specialist, however, that the medical science owes its progress. The term specialist as here used, means a regularly educated physician, who after experience in general practice, devotes his talents to some particular branch of medical science or art.

From the very nature of the case the general practitioner is nearer the laity than the specialist, and the lay estimate of the profession is based upon their knowledge of the general practitioner. A logical sequence of this condition is that we have two classes of medical reputations. The successful general practitioner's reputation is with the laity, the specialist's with the profession. It would surely be a great gain to the profession if we had in every community a man of first-class ability who could live removed from the turmoil of the ever inevitable crosses and worries of the general practitioner, and devote his time to a specialty, and do a reference and consultation practice; thus helping all and hindering none. But *quod erit demonstrandum*. Can it be done? Let the future answer.

3. To the profession.

In the study of disease the practice of medicine is a science; in its efforts to heal the sick and perserve health, it is an art. Every true physician should seek to widen the comprehension of our science, and increase the utility of our art. He should use all honorable efforts to guard the portals that no unworthy persons enter. He should not lend himself to the conscienceless schemes of ambitious men to multiply unnecessary and ill-quipped medical schools where degrees are bartered for a consideration, or at least after a few years of class room cramming. He should seek the perpetuity of his profession by encouraging capable young men and women to prepare themselves to enter it. Finally, he should do all in his power to make the medical profession the counselor, guide and friend of humanity, worthy to be sought, followed, and trusted in all the multitudinous ills, real or fancied, that beset human life from entrance to exit; and tend to make the stormy passage from the cradle to the grave a veritable *via dolorosa*.

4. To fellow practitioners.

Justice, frankness, patience, charity, brotherly-kindness, cautious thoughtfulness and true manliness, should characterize the conduct of one doctor towards another.

Justice would teach him that there are always at least two sides to every subject, and both sides should be heard before decision is rendered.

Frankness will lead doctors to discuss their grievances face to face or not mention them at all. It is astonishing how many hurts will heal in the balmy air of frankness or assuage in the alembic of silence.

Patience abides without fretting the slow evolution of things and time generally rolls the clouds away; and the by-and-by is usually sweet if we will abide in patience its arrival.

Charity "suffereth long and is kind" and seeks ever to put the most favorable construction on the thoughts and acts of others. Every human being, who, battling with "the world, the flesh, and the devil" yet seeking to master a science, whose intricacies are innumerable, and to practice an art, that at best, is but a balancing of probabilities, deserves the mantle of charity to cover his imperfections. Shall one brother deny it to another?

Brotherly-kindness leads to a fellow-feeling and enables one to "rejoice with them that do rejoice, and weep with those that weep." This multiplies our own joys and divides our sorrows. "Like mercy, it blesses him that gives and him that receives."

Cautious thoughtfulness will lead one to know that "with what measure ye mete, it shall be measured to you again" is not a mere rhetorical ethicality but a basic and far-reaching truth which shall abide forever and forever, a rock upon which if you fall, you are broken, but if it fall upon you, you are ground to powder.

Finally, true manliness will enable one to accept philosophically the results whatever they be, after he has done his best. He will feel that,

"Things without remedy,
Should be without regard;
what is done, is done."

True manliness will enable one to play his part honorably, regardless of what the other fellow does.

5. To the public.

In common with all other citizens of a republic, the doctor owes certain duties to the public. Chief among these is to teach the public the fundamental and general truths of medicine, that they may know how to do what is right in matters of health. There is not nearly so much disagreement among the truly educated physicians as the laity believe. The educated physicians, whatever their beliefs about therapeutic means, are agreed that no one is qualified to treat the sick who is not acquainted with the basic sciences of Anatomy, Physiology and Chemistry. The growth of what has fitly been denominated "The Great American Fraud," the patent and proprietary medicine business, has resulted as much from the ignorance and carelessness of physicians as from the gullibility of the public and the rascality of the promoters. The ignorance of psychiatry and neglect of psychic

forces in functional diseases by physicians generally, have caused the success of Mrs. Eddy's cult, *et id genus omne*, the chicanery and shrewdness on the part of the founders and high functionaries of these false systems of healing playing only minor and supplementary roles. The responsibility is on the medical profession. They form a veritable *odium medicinae.*

It is the duty of every medical practitioner to know the facts and enlighten the public. All systems of fraud and deception thrive in secrecy and mystery. They can no more grow in the light of scientific knowledge than mildew can grow in sunshine. Let us turn on the light.

But how can we as medical men do all these things? Our society meetings should enable us to find a way.

1. I believe we ought each year to take a regular course of study in our meetings—make our society a kind of post-graduate school.

2. I believe we should exhibit cases at our meetings.

3. I believe we should conduct a regular course of popular lectures on medical subjects of general interest.

Finally, as indicating a line of action that may serve to eliminate causes of friction between doctors, I conclude by appending pregnant sentences uttered by members of this society during an informal discussion of medical unity some months ago.

"Give professional men advance notice when expecting their presence."

"Level upward, not downward."

"Respect the young men."

"Learn the laity."

"Let us know each other."

"Let us all practice these things."

MINUTES

The National Medical Association met in its tenth annual session in the Plaza Assembly Hall, 110 E. 59th St., New York City at 10:50 a. m., August 25, 1908. The President of the Association, Dr. W. H. Wright, was introduced by Dr. P. A. Johnson, Chairman of the Local Committee. Prayer by Rev. J. E. R. Franklin of Demarara, British Guiana, S. A. Next was the annual address by the President. On motion by Dr. Charles H. Shepard of Durham, N. C., the President's address was referred to the Executive Board. Dr. W. S. Lofton, Washington, D. C., was appointed by the President to act as Sergeant-at-Arms. Report of Treasurer, Dr. A. W. Williams. Report was received. Report by Secretary, Dr. J. A. Kenney. Report received. Report of the Executive Committee was called for but the committee was not ready at this time. Report of Committee on Medical Legislation was not ready to report. Financial report of the Secretary was referred to the Executive Committee to be audited. At this juncture a gavel was presented to the President by Dr. York Russel on behalf of the Local Committee. Dr. Russel made a very eloquent speech of presentation.

Roll call and payment of annual dues. By vote of the Executive Board in session on Monday evening, August 24th, the annual fee was raised to $2.50 and the Treasurer was instructed by the Chairman of the Board to proceed to collect that amount as membership fee. This caused some confusion and debate and on motion of Dr. J. R. Francis of Washington, D. C., the matter was referred to the Executive Board for further consideration. The roll call was thus postponed until the Board could report on this matter. Report of delegates of State and Local Societies. Roll call of states. Alabama no report. Georgia no report.

South Carolina reported in the person of Dr. J. O. Robinson of Darlington. He reported much progress being made in medicine and surgery. North Carolina was represented by Dr. A. A. Wyche of Charlotte who reported progress in all sections of the state and a rapidly growing interest in the National Medical Association. Virginia was represented by Dr. C. R. Alexander of Petersburg who stated that his State Association was making great progress and that they had three Local Societies. Dr. J. A. Lewis of Richmond represented the Richmond Medical Society which has three hospitals in connection with it. Dr. W. P. Dickerson of Newport News represented the Tide Water Society which is purely medical and meets the first Tuesday in every month. He stated that they had a membership of 32. Maryland was represented by Dr. W. T. Carr who reported that their Local Society is composed of physicians, dentists, and pharmacists. He also stated that the wives of the doctors were members. Dr. J. E. Hunter of Lexington. Ky., was present and reported much progress in medicine and surgery in his state.

Dr. C. V. Roman of Nashville, Tenn., reported that they had a State Association which was doing well and progressing nicely.

Dr. Boyd also made the following report from Tennessee:

"To the National Medical Association: Gentlemen, I am glad to report to you that Tennessee has made great progress during the past year both in Local and State organizations. In all of the towns and cities where there is a sufficient number of colored physicians societies and meetings are held regularly. The dentist, pharmacist and physicians are working together. There is more respect for the profession today than there ever was. The physicians are more ethical and the general public is beginning to understand the relationship of the laity and profession better. The Nashville Academy of Medicine and Surgery meets bi-monthly and gives one hour of each meeting to a subject upon which some member reads a paper. We have found these meetings very helpful indeed. Our state meeting was held in Clarksville last month and was well attended."

Louisiana, no report. West Virginia had two or three representatives present who spoke of much progress in the state. Indiana, no report. Dr. A. W. Williams of Chicago reported flourishing conditions for Illinois. Dr. W. H. Johnson, State Vice-president of New York, introduced Dr. Frazer who represented New York and said that the Medico-Chirurgical Society had made great progress in many respects and that it had steadily increased in membership. Pennsylvania was represented by Dr. T. G. Coates of Philadelphia who spoke of the Philadelphia Academy of Medicine and reported two hospitals in the city of Philadelphia. Rhode Island was represented by Dr. A. Van Horne who made the following report:

"Mr. Chairman and Members of the National Medical Association: As State Vice-president for Rhode Island I regret to say that we have no State Society which affiliates with this National Body for the very simple reason that we have only four colored doctors and three dentists in the state, but I take pride in stating that all four of us are members of the Providence Medical and Rhode Island Medical Associations. Last year when our Association met in Baltimore your humble servant was the only member from the large state of Rhode Island but since that time I have been talking to the fellows in my state and I am glad to present to this august body today the applications of two doctors and one dentist, leaving only one physician and one dentist in the whole state who are not members and we promise before this body assembles next August, 1909 to have the applications of these two mentioned. The rapid increase in population among colored people in my state makes me feel sanguine for a proportional increase in Negro doctors and we predict that in the very near future we too can boast of a State Society which will be in sympathy and a part and parcel of this the greatest organization of Negroes in America.

Deleware, no report. New Jersey was represented by Dr. Burnett who reported much progress in medicine and interest in the National Medical Association. Massachusetts, by Dr. J. B. Hall of Boston who was the accredited delegate of the Bay State Medical, Dental, and Pharmaceutical Association. The Society is nearly two years old and is making great progress and holds informal meetings. It is also growing popular. Arkansas was

represented by Dr. C. L. Wade of Hot Springs. He reported much interest in his State Organization which was composed of about thirty members and had also three District Societies. Ohio was represented by Dr. W. C. Gordon who reported as follows:

"I beg to give the following report from Ohio: A vigorous, growing State Association with present membership of 19, organized in 1905 at Springfield, Ohio. With each meeting the interest and character of the papers and clinics are improved.

"For some reason there seems to be a lack of interest in the National Organization, which I attribute to the fact that the Association always meets too far from the state. I think if the meeting could be brought West, say to Chicago or St. Louis, we could then get men in line, and their future interest would be assured."

Dr. Gamble introduced Dr. Pitt, of South Africa, also Dr. Chas. F. Meserve of Shaw University, Raleigh, N. C. Dr. Meserve made an address which was very encouraging and helpful and he brought the greetings of Shaw University. Dr. Boyd of Nashville. Tenn., then made a motion that a committee be appointed to report on the number and condition of colored hospitals in the United States. Dr. A. V. Gray of Washington, D. C., objected to the motion on the ground that this was part of the duty of the Committee on Medical Legislation. On motion by Dr. Childs, of Washington, D. C., Dr. Boyd's motion was laid on the table.

Report of the Chairman of Local Committee, Dr. P. A. Johnson, who reported that refreshments would be served on the floor below, and that arrangements had been made with many of the hospitals for clinics. Lincoln Hospital would be open on Wednesday morning to the visiting physicians where operations were to be performed by Surgeon Members of the National Medical Association. Bulletins to be posted stating time and place of operations and clinics. Letters were reported as being received from physicians in different parts of the world. The Tuberculosis Committee to present specimens for examination. Dr. R. F. Boyd of Tennessee made a motion to the effect that a committee of three be appointed by the Chairman to carry the greetings of the National Medical Association to the Nurses Association holding its first annual session at St. Mark's Church. The motion prevailed and Doctors Boyd of Nashville, Dumas of Washington, D. C., and Wade of Arkansas were appointed. Dr. Robert Reyburn, Dean of the Medical Department, Howard University, Washington, D. C., was introduced and gave a short but encouraging address.

Adjournment till afternoon.

AFTERNOON SESSION, AUGUST, 25, 1908

The convention was called to order at 3:00 p. m. by President Wright. Reading of the minutes. Motion was made to adopt the minutes with necessary corrections.

Paper—"The Relation of Acute Intestinal Diseases to Lesions of the Liver." Dr J. E. Hunter of Lexington, Ky. Discussion was opened by Dr. George C. Hall of Chicago, Ill. Further discussion by Drs. Fewell of Boston, Mass., C. R. Alex-

ander of Petersburg, Va., and J. R. Wilder of Washington, D. C., York Russel of New York City, H. F. Gamble, Charleston, W. Va., A. M. Curtis, Washington D. C., J. O. Robinson, Darlington, S. C., W. H. Johnson of New York. Dr. Cabaniss of Washington, D. C., made motion that Dr. Hunter be allowed to conclude the discussion of the paper. The motion prevailed and Dr. Hunter closed the discussion stating that he was glad that the paper evoked so much criticism and discussion. He stated that it was impossible to bring out all the points in such little time, but that he simply entered upon the subject to bring about the discussion as was done. Dr. A. M. Curtis of Washington, D. C., made motion to the effect that a stenographer be employed to make report of the meeting, discussions, etc. This motion prevailed and the Executive Board was given power to secure a stenographer.

Paper—"Gastritis," by Dr. George Williams of Charlotte, N. C., was called for but Dr. Williams was absent and the paper was deferred.

Paper—"Minor Details in Abdominal Surgery," by Dr. W. H. Hughes, Richmond, Va. Dr. Hughes being absent this paper was also deferred. At this point Dr. W. H. Wright vacated the chair in favor of Dr. Francis of Washington, D. C.

Paper—"Proprietary Preparations vs. Practical Pharmacy," by Mrs. J. P. H. Coleman, Ph. G., Newport News, Va. The paper brought forth a great deal of discussion. Those present taking part were Doctors Davis of Cambridge, Mass., Hall of Boston, Mass., J. Q. McDougald of Philadelphia, S. L. Morris of Atlantic City, N. J., A. V. Gray of Washington, D. C., J. W. Jones of Winston-Salem, N. C., Childs of Washington, D. C., G. W. Cabaniss of Washington, D. C., Clara Smyth of Hanover, Va. The discussion was then closed by Mrs. Coleman.

The roll call and payment of dues and adjournment followed.

EVENING SESSION, AUGUST 25TH AT ST. MARK CHURCH, 53RD ST.

Dr. Gustavus Henderson of New York City, Presiding Officer. Prayer by Rev. J. Franklin. Address of Welcome by acting Mayor of New York City, Hon. Patrick H. McGowan. Responses to address by Dr. A. W. Williams of Chicago, and Dr. C. V. Roman of Nashville, Tenn.

Address of welcome by Rev. Walter H. Brooks on behalf of the Citizens of New York.

Music—Solo by Prof. Haskins. Remarks by Mr. John J. Belle. Address of Welcome by Geo. E. Cannon, M. D., on behalf of the Medico-Chirurgical Society of New York City and North Jersey Medical Society. Response by Dr. H. S. McCard of Baltimore, Md. Short Address by Dr. Robert Reyburn, Dean of the Medical School of Howard University of Washington, D. C. Dr. Wright, President of the Association, was then given the chair. Dr. Charles F. Meserve, President of Shaw University was then called upon to give a short address.

Paper—"Tuberculosis, a Clinical Problem in the Tenements," by Richard A. Taylor, M. D., of New York City.

Paper—"The Causes and Prevention of Tuberculosis," by E. P. Roberts, M. D., of New York City. Dr. W. C. Gordon of Spring-

field, Ohio was called on for discussion, but was absent. The discussion was taken up by Dr. W. H. Johnson of New York City.

Notices of Clinics were given by Dr. Griffin and other notices by Dr. Gustavus Henderson, the presiding officer of the evening.

Benediction by Rev. J. W. Johnson. Adjournment.

MORNING SESSION, AUGUST 26, 1908

Called to order at 11 o'clock by the Vice-president, Dr. Chas. Roberts of New York City. Regular order of business. Reading of the minutes was postponed.

Paper—"Obstetric and Some Obstetrical Problems," by H. F. Gamble, M. D., of Charleston, W. Va. Dr. Gamble was absent at this time, and next paper on the program was called, "The Treatment of Inguinal Adenitis," by Robert J. Abele, M. D., Philadelphia, Pa. Discussion opened by Dr. C. L. Carter of Harrisburg, Pa. Further discussion by Doctors Wade of Arkansas, York Russell of New York City, and Daly of Chicago. Doctors Henderson of New York City and Childs of Washington, D. C., yielded their time to Dr. Wade. The paper was further discussed by Doctors Mossell, Minton, and Jackson of Philadelphia, also Fraser of New York and Evans of Columbia, S. C.

Dr. Cabaniss of Washington, D. C., made a motion that Dr. Abele close the discussion. This was done.

Dr. Allenworth of Los Angeles, California, brought greetings from physicians practicing in his city.

Paper—"Experimental Surgery," by A. M. Brown, M. D., Birmingham, Ala. Dr. Sterrs of Decatur, Ala., was due to open the discussion but being absent the discussion was opened by Dr. Gamble of Charleston, W. Va. He was followed by Doctors McDougald and Booth of Philadelphia, York Russell of New York City, Wright of Boston, McCard of Baltimore, and Cannon of New Jersey. Dr. Brown was given an opportunity to close the discussion of his paper, and in closing said he felt that it was right and proper that he should have an opportunity to defend himself because of the opposition to his paper on the part of many of the members.

Paper—"The Plea for Suggestive Therapy," by W. J. Parks, M. D., of Asbury Park, N. J. The discussion was opened by Dr. W. W. Wolfe of Newark, N. J., followed by Doctors Joyce, Gorge E. Cannon of Jersey City, Francis of Washington, D. C., Cardwell of Elizabeth City, N. C., and Childs of Washington, D. C. Dr. Parks closed the discussion. Adjournment.

EVENING SESSION AUGUST 26, 1908

Called to order at 8 o'clock. Invocation by Bishop Alexander Walters.

An address on Surgery subject, "Crushing Injuries of the Extremities," by D. H. Williams, M. D., Chicago, Ill. Discussion by J. E. Hunter, M. D., of Lexington, Ky. Motion by Dr. Childs of Washington, D. C., to close the discussion. Seconded by Dr. J. A. McDougald, Philadelphia, Pa. Carried. Motion by Dr. Childs of Washington, D. C., to tender Dr. Williams a vote of

thanks for his very excellent, instructive, scientific paper. Carried by rising vote.

Paper—"Causes and Prevention of Death during Anesthesia," by J. W. Mitchell, M. D., of Washington, D. C. Discussion opened by J. A. Kenney, M. D., of Tuskegee Institute, Ala. Further discussion by Dr. R. F. Boyd of Nashville, Tenn. Motion by Dr. W. W. Wolfe of Newark, N. J., to close discussion. Carried. Dr. Childs of Washington moved that other papers be left off until next day. No second. Dr. Mitchell was given opportunity to close his discussion, but he did not care to do so.

Paper—"Professional Care of Deciduous Teeth," by Dr. D. A. Ferguson of Richmond, Va. Discussion opened by Charles H. Roberts, D. D. S., of New York. Further discussion by Dr. R. F. Boyd of Nashville, Tenn. Motion by Dr. Wolfe of Newark, N. J., to close discussion. No second. Further discussion by Dr. George W. Cabaniss of Washington, D. C. Motion by Dr. W. W. Wolfe to close discussion. Seconded and carried.

Paper—"The Modern Hospital, Its Construction, Organization and Management," by N. F. Mossell, M. D., of Philadelphia, Pa. Owing to the fact that it was quite late the discussion was deferred until the next morning session.

APPOINTMENT OF COMMITTEES

Committee on Resolutions—Drs. J. R. Wilder, Washington, D. C.; A. V. Gray, Washington, D. C., and Alonzo M. Van Horne, Newport, R. I.

Committee on Time and Place—Drs. Childs of Washington, D. C.; L. A. Earle, Anderson, S. C.; D. G. Scott, Baltimore, Md.

Committee on Credentials—Drs. G. C. Hall, Chicago, Ill.; Royster of Philadelphia, Pa.; W. H. Johnson of New York City. Adjournment.

MORNING SESSION, AUGUST 27, 1908

Called to order at 10:54. President W. H. Wright in the chair. Prayer by Mr. R. P. Hamlin, Secretary of Y. M. C. A. of Brooklyn. Reading of minutes. On motion of Dr. Cabaniss the minutes were adopted. The paper of Dr. N. F. Mossell, "The Modern Hospital; Its Construction, Organization and Management," was opened for discussion. Dr. A. C. McClennan of Charleston, S. C., led in the discussion. Dr. Mossell was then called upon to give a synopsis in a five minutes' talk of his paper for the benefit of those who were not present at its delivery.

Further discussion by Dr. Matilda Evans of the Taylor Lane Hospital, Columbia, S. C., Dr. Levy of South Carolina, Dr. Wade of Arkansas, Dr. Morris of Atlantic City. Dr. Cabaniss of Washington, D. C., made a motion to the effect that the discussion be closed. The motion prevailed by a vote of twenty-three to seventeen. Dr. Mossell was then extended the privilege of closing the discussion. Dr. Mossell surrendered his time to Dr. Boyd of Nashville, Tenn.

Paper—"Opsonins and the Opsonic Index in Medicine," John B. Hall, M. D., of Boston, Mass. Discussion was opened by Frank F. Davis, M. D., of Cambridge, Mass. Further discussion by Doctors Gamble of Charleston, W. Va.; Curtis of Washington, D. C.; Daly and George C. Hall of Chicago. The discussion

was then closed by Dr. John B. Hall, the author of the paper.

Remarks were here made by Dr. Gustavus Henderson of Local Committee. Dr. Geo. C. Hall desired to know how many tickets were due each delegate. Dr. Henderson answered that only the delegates and their wives would be tendered complimentary tickets.

Paper—"Duties of the Profession to the Laity," W. S. Lofton, D. D. S., Washington, D. C. Discussion due to be opened by Dr. C. C. Frye, but as he was absent it was opened by Dr. Marcus F. Wheatland of Newport, R. I. Dr. C. C. Frye entered later and was given an opportunity to discuss the paper but declined to do so. Discussion continued by Dr. E. I. Wright of Boston, Francis of Washington, D. C., and W. H. Johnson of New York. Dr. Lofton was then permitted to close the discussion.

At this point Dr. Cabaniss obtained the floor and offered resolutions in the form of motions to the effect that we have four days' session at our annual meeting instead of three. After some discussion a motion was made to refer the matter to the Executive Board. This was done.

Paper—"The Present Relation of the Physic to the Therapeutic and Physiologic in Today's Practice of Medicine," J. O. Robinson, M. D., of Darlington, S. C. Dr. Robinson's time expired before he finished his paper. Motion by Dr. Dumas of Washington, D. C., that his time be extended ten minutes in order to conclude. Seconded by Dr. Brown of Birmingham. Carried. Dr. Robinson having concluded the reading of his paper, discussion opened by Dr. M. O. Dumas of Washington, D. C., followed by Dr. John R. Francis of Washington, D. C. Discussion closed by Dr. J. O. Robinson. Dr. J. R. Wilder of Washington, D. C., motioned that the Honorable Mr. Vernon, Registrar of the Treasury of the United States, who was present in the audience be called upon to make a short address. The motion prevailed and the chair appointed Dr. J. R. Wilder of Washington, D. C., to escort him to the platform. He expressed his pleasure at being present and said that the gathering of such an intelligent body of physicians is a hopeful sign and said further that he always employs colored physicians. The Honorable Charles W. Anderson, Collector of Internal Revenue for the second district of New York was introduced and spoke eloquently and encouragingly for a few minutes. At 3 p. m. the Association went into executive session. On motion by Dr. A. M. Curtis it was decided to hear from Executive Board. Report of Auditing Committee, who reported that the Secretary's and Treasurer's accounts were approved. Reading of report of Executive Board. Dr. Childs of Washington, D. C., motioned that the report be adopted by sections. Carried.

The Executive Board recommended the following amendments to the Constitution:

SECTION ONE OF THE RECOMMENDATIONS

Article 9, Section 2 (begin the section as follows):

"No one who has not been actively engaged as a member of the Association in this work for at least three years shall be eligible for the office of President." Objections were made to this by Dr

McNeal of Washington, D. C. Dr. George C. Hall rose to point of order on the proceedings of the meeting. Dr. McClennon obtained a point that only a point of order could be made on the speaker. Dr. Hall read that part of the Constitution relating to the status of membership. Motion by Dr Mossell that section one of the amendments be adopted. Objection by Dr S. L. Morris. Dr. M. F. Wheatland objected to the word "active." Dr. C. V. Roman substituted the word "financial" for 'active" and said, "Paid dues for three years." The substitute motion of Dr. Roman was put. Objections by Dr. Childs of Washington, D. C. who made a motion to lay the matter on the table. This was carried by a large majority.

SECTION TWO OF THE BOARD'S RECOMMENDATIONS

Page 11, Section 3 of Chapter 7. Add to the end of chapter: "And also stenographer's service when deemed necessary by the General Secretary with the consent of the Executive Board." This was approved.

SECTION THREE OF THE BOARD'S RECOMMENDATIONS

Page 15, Chapter 12, Section 1. In line 4 strike out the word 30 and insert the word 60. It will read, "At least 60 days before," etc. Objection was made by Dr. Fewell of Boston and Wheatland of Newport, Rhode Island. The motion was put and prevailed.

SECTION FOUR OF THE BOARD'S RECOMMENDATIONS

Section 2 of same chapter, add this sentence, "not longer than five minutes for reader to close the paper, nor shall the entire paper and discussion exceed one hour without the consent of two-thirds of the members present." Dr. Roman moved the adoption of the recommendation Carried.

SECTION FIVE OF THE BOARD'S RECOMMENDATIONS

Page 12, Chapter 8, Section 1. Insert on the 25th line this sentence, "All accounts shall be audited on or before the first day of the annual meeting and all subsequent accounts at 2 p. m. on the last day of the convention." This was also approved by the convention.

Report of the acting auditor, Dr. A. M. Van Horne. Report was received. Motion by Dr. Gamble for ten minutes' recess. Adjournment for recess.

After a short recess the convention again assembled for the purpose of electing officers. On motion, the time for nomination of officers and seconding the same was limited to three and two minutes respectively and only one seconding speech permitted.

The Committee on Time and Place reported Boston as the next place of meeting. A vote was taken by the house which gave 66 votes for Boston and 51 for Washington. Nominations for President. Dr. C. H. Shepard of North Carolina, nominated Dr. P. A. Johnson of New York City. Dr. A. S. Reed of New York seconded nomination. Dr. McClennan of South Carolina, nomina-

ted Dr. John R. Francis of Washington, D. C., who declined the nomination. Dr. Leroy Baxter of Newark, N. J., nominated Dr. Gustavus Henderson of New York City. Seconded by Dr. J. L. Curtis. Dr. McCard of Baltimore placed in nomination Dr. Daniel H. Williams of Chicago Seconded by Dr. S. Leroy Morris of Atlantic City. A motion was made to close the nomination. This was carried. Dr. C. V. Roman gained the floor and questioned whether or not a man could be nominated who was not present. The chair ruled that he could.

Tellers appointed: Dr. E. P. Roberts, Dr. Scott of Baltimore, Dr. Baxter of Newark.

President ruled that the roll should be called and each member come forward and deposit ballot in response to name.

Ballot: Dr. P. A. Johnson, 62; Dr. D. H. Williams, 38; Dr. G. Henderson, 17. Dr. P. A. Johnson was declared the next President of the Association.

Next was the nomination for Vice- president. Dr. York Russel of New York City placed in nomination Dr. W. S. Lofton of Washington, D. C. Seconded by Dr. E. P. Roberts of New York. He was elected unanimously.

Dr. John A. Kenney of Tuskegee Institute, Alabama was re-elected General Secretary.

Adjournment to meet in Boston August, 1909.

During the meeting of the National Medical Association in New York the delegates were recipients of much attention by the profession and citizens of New York and surrounding communities. On the evening of August 27th a banquet was tendered the Association at Murray Hill Lyceum which surpassed anything of its kind that the Association has witnessed. "Nearly 1,000 diners were served at one time—the long rows of tables being filled by daintily-gowned ladies and manly men, typifying the highest intellectual and cultured substance of the race. The picture was one that can never be forgotten by those who take pride in the concrete demonstration of the race's advancement. It was absolutely indescribable.

A great many of the physicians had their wives and friends with them in New York on this occasion. They also were the recipients of kindness and attention at the hands of the wives of the home physicians. A lawn fete was given at the residence of Mrs. Geo. E. Cannon of Jersey City, N. J., also a private outing at North Beach.

During the meeting of the National Medical Association there was also the first annual meeting of the Colored Nurses Association assembled and organized in the City of New York. In their interest the nurses of New York gave a picnic at Harlem Casino to which the visiting nurses, doctors' wives and other friends were invited. There were also a number of automobile outings and private dinners too numerous to mention.

OUR NEW YORK MEETING

It in no wise detracts from the excellence of the conventions held in previous years to make the statement that the last session of the National Medical Association, held in New York City August 25, 26 and 27, 1908, was the most notable in the history of the organization. Nor was its excellence confined to any one particular feature but in every respect it was a Great Convention. The attendance, the papers, the discussions, the exhibits, the clinics, the social features and over and above all the enthusiasm and harmony all blended in one grand whole to make every one remember this session and feel glad that he had attended.

The mere fact that the convention could attract attention in such a busy and surfeited city as New York is evidence sufficient that the session was a success—for no ordinary thing is even noticed in that city.

There had been some apprehension that, in holding the convention in New York, it would be "lost." But the "doubters" had reckoned without considering the hosts of the occasion. The Medico-Chirurgical Association of Greater New York and The North Jersey Medical Association of New Jersey, who jointly extended the invitation to the National Association spared neither energy nor money to make the session a memorable success—and the result was a fitting climax to their efforts. The place selected for the sessions, The Plaza Assembly Hall, was well adapted for the purpose—being so arranged that there was a dinning hall on the first floor, meeting rooms for the Dental and Pharmaceutical sections and a large foyer for the exhibits on the second floor and the main convention hall on the third floor. The exhibits were so located that all were compelled to pass them, which made them at all times well attended. The demonstrations of electrical apparatus and office paraphernalia were very attractive and interesting.

The convention hall was large, airy and well lighted, which added greatly to the comfort of the delegates.

The sessions were all well attended and the interest manifested in the reading of the papers and the discussions was notable. Every paper was of high order and gave abundant evidence that the members of the Association are well to the forefront of medical and surgical progress. An innovation of this session was the holding of a night meeting on Wednesday evening. This proved to be one of the most interesting features of the convention; it is estimated that fully 800 persons were present at this meeting, most of whom remained till the program was completed, almost midnight.

The opening public session, held at St. Mark's M. E. Church was a well planned index of the whole convention. The addresses and papers were interesting and well received. Particular mention must be made of the address of Hon. Patrick F. McGowan, President of the Borough of Manhattan, who made the address of welcome in behalf of the City of New York. He extended a most hearty welcome in behalf of the city he represented and extended to the delegates the courtesies of every hospital and institution under the control of the city.

The address of Dr. Walter Brooks, pastor of the church, in behalf of the citizens of New York was cordial and sympathetic. At this session the church was filled to capacity, despite the fact that the weather was most inclement.

The clinics were numerous and interesting. A gynecological clinic was held at Roosevelt Hospital on Wednesday and Thursday mornings; a clinic on childrens' diseases Wednesday and a demonstration on Thursday by Prof. Flexner at the Rockefeller Research Institute. The most interesting clinic was that held at Lincoln Hospital; the operations performed by Drs. Hall, Curtis and Williams being of a high order and demonstrating a mastery of the details and technique of modern surgery.

The social features of the convention were "most enjoyable" On Wednesday afternoon the Ladies Auxiliary of the Local Committee gave a "Tea" at the home of Dr. Geo. E. Cannon in Jersey City, which was attended by more than 400 persons.

The crowning event, of course, was the reception and banquet on Thursday evening. The banquet hall was a scene of beauty and brilliancy—New York did itself proud. Nearly 600 persons were seated at the banquet board, in the galleries were 500 more, a truly magnificent gathering.

As a post-convention feature there was an outing at North Beach, given by the ladies for the physicians and their wives. Every one left New York saying, "It was good to be there."

W. G. A.

REPORT OF SECRETARY TO THE NATIONAL MEDICAL ASSOCIATION----AUGUST 25, 1908

Mr. President and Members of the National Medical Association in tenth annual session convened: It is with distinct satisfaction that I offer the following report: In the first place, I want to extend my grateful thanks to our esteemed President, to our loyal Chairman of the Executive Board, and his co-workers, to the worthy Chairman of the Local Committee and his associates; to my helpers on the Program and Censor Committee; to the State Vice-presidents and to the members of the Association in general for their encouragement, charitable tolerance, and helpful co-operation in the work during the past year. I believe that there is no other body of equal size and importance composed of men and women from Boston to the Gulf and from the Atlantic to the Mississippi whose members have so subordinated personal ambition and where selfish aggrandizment has been made so subservient to the common weal as in this our great National Medical Association. In this age of class against caste, of labor against capital, of combination and monopoly, it is a privilege to belong to such an organization.

Indulge me in a bit of personal reference while I say the work of my office has been no small task this year, but not one minute have I allowed myself to become discouraged, not even when the treasury was empty, and bills to be paid. If I had

been discouraged, such letters as came frequently from our honored President and others, would have given encouragement. Our Association is forging steadily ahead from year to year; not only in number, but in its personnel, in character, in education, in scientific ability. There is unquestionably a future for us, which we are approaching with mammoth strides. Our Association as a whole and members individually must be found on the firing line of every movement that has for its object the betterment of conditions regarding health, whether national or local. To that end I trust that a resolution will be introduced and passed at this meeting endorsing the work of the Committee of One Hundred of the American Health League that is striving among other things, for the creation of a National Health Bureau in the city of Washington.

My financial report has been handed to the Executive Board, but I desire to say that I have endeavored to manage the office of Secretary as economically as possible and at the same time keep the work of the Association as prominently before the members as possible. To that end I have had a stenographer employed on half time since last October 1st. She has been supplemented by my office girl and at times, an extra stenographer and others had to be pressed into service. We have sent out from our office the following: 1,000 circular letters, November, 1907; 2,000 circular letters, July, 1908; 344 copies Minutes sent out; 301 circular postals to members; 301 programs sent out; 120 circulars to members in arrears; 120 circular letters to colored editors; 90 circular letters to state vice-presidents; 102 programs to colored editors; 79 personal postal cards; 34 circular letters to essayists; 20 circular postals to new members; 1,203 personal letters. A total of more than 3,000 pieces of mail matter sent out from my office from September 1, 1907 to August 17, 1908. Since last meeting we have enrolled twenty-five new members. We now have 301 bona fide members and a mailing list of 1,590.

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Editorial Staff—C. V. Roman, M. D., Nashville, Tenn., Editor-in Chief; J. A. Kenney, M. D., Tuskegee Institute, Ala., Associate Editor; W. G. Alexander, M. D., Orange, N. J., Business Manager; W. S. Lofton, D. D. S., Washington, D. C., Dental Editor; Amanda V. Gray, Phar. D., Washington, D. C., Pharmaceutical Editor.

THIS cut represents the official emblem button of our organization, made in rolled plate quality hard enameled with blue background, price seventy-five cents each. After a great deal of hard labor on the part of the Button Committee these buttons have been secured by the Association and each member is requested to purchase one. They may be procured from the General Secretary on receipt of price.

We are very sorry that the Journal is necessarily late in making its appearance. A great deal of detail and hard work have been necessary in order to get things in running shape. After this, however, we trust that everything will move smoothly and we will be able to have it appear during the first month of each quarter. Members and others are asked to spread the mantle of charity over this short coming.

We have not the correct addresses of several of our members therefore we are asking that the membership roll be carefully inspected and any deficient or incorrect addresses be noted and corrections sent to this office. Also there may be some omitted if so we shall be more than pleased to have these.

SALUTATORY

Utilize what you have and work for what you want is a sound proposition—a "safe and sane" rule for all avenues of human endeavor; applicable alike to individuals or groups, persons or

races. What you want is very apt to come if you work for it patiently and persistently, intelligently and hopefully, earnestly and industriously, trusting all things, and enduring all things, but utilizing to the best advantage every opportunity that you have.

This is the Creed of Success that has been followed consciously, or unconsciously, by the winners in every age and every clime. A Chinese slave girl becoming Empress, the Little Corporal becoming the incarnation of force and murder—the world's ideal soldier, a delicate French peasant girl in her teens, defeating and expelling a great, and apparently irresistible, invading army; a Negro slave outwitting his masters and finally becoming one of the greatest orators of his age, a castaway boy on the shores of the Nile becoming the most famous leader of all history; and the rise of the National Medical Association among a people who less than a century ago was believed incapable of comprehending any branch of science—are but simple illustrations of the workings of this Creed of Success.

Intelligent and thoughtful Negro medical men have been painfully cognizant for some years of the direful need of a first class journal devoted to the cognate professions of Medicine, Surgery, Pharmacy, and Dentistry—a first-class journal owned and controlled by the National Medical Association.

This initial number of the Journal of the National Medical Association is an effort to apply the Creed of Success to the evolution of Negro Medical Journalism.

The necessity for the journal is so evident that argument is superfluous. The following however may be submitted:

1.—Every intelligent society needs some means of communication among its members if coherency and progress are expected.

2.—Many of the papers read at our meetings are worthy of permanent record.

3.—Members who cannot attend, and many who can and do attend would like to study at leisure some of the thoughts advanced at the meetings of the Association.

4.—A means of communication and prospect of permanent record would quicken observation, stimulate research, and make original investigation a pleasure.

The Management asks for the patience and practical co-operation of the profession. We will do our best to deserve both.

With the hope of permanency and usefulness this initial number of the "Journal of the National Medical Association" is launched.

This number is devoted to the last National Meeting. Future numbers will be devoted to the scientific and professional interest of the professions represented by our membership.

"Applaud us when we run, console us when we fall, cheer us when we recover, but let us pass on—for God's sake let us pass on!"

C. V. R.

The first National Negro Congress on Tuberculosis held at the Tuskegee Institute in connection with the traveling exhibit of the National Association for the Study and Prevention of Tuberculosis was a great step in advance for the general good, not only of the Negro race in particular, but of all races in the United States. Tuberculosis today claims more attention of the public in general than any other disease to which the human race is heir, and justly so, because it stands first in the ranks of diseases in producing death and entailing great personal inconvenience and general financial loss.

During this conference were assembled physicians, ministers, teachers, laymen and persons in most every walk of life, and from many states, who earnestly discussed the ravages of this disease and means for its prevention.

Among the things brought out at this Congress were the following: 1st. That Tuberculosis is curable, contagious and infectious. 2nd. That pure air, pure food, pure water, and pure lives contraindicate Tuberculosis. 3rd. That the alarming mortality of Tuberculosis to the Negro is due to acquired conditions partly forced upon the race from the exterior and partly from his own personal neglect and ignorance.

Resolutions were adopted to the effect that the Congress be made a permanent organization, holding its meetings annually. That every Negro preacher, teacher, doctor, and citizen, be urged to co-operate for the prevention of this disease and that municipalities be prayed to appoint or select competent inspectors—members of the medical profession whose duty it shall be to inspect regularly the homes of citizens where there is a tuberculosis case reported. And that they further be prayed to make such laws as will compel the doctor in attendance and the family to report all cases of tuberculosis to the inspector. And that they be prayed further to pass such laws as will prohibit the building of unsanitary huts in unhealthy localities, etc. And that among the duties of such inspectors that they see to it that houses are properly disinfected and cleaned after the death of an occupant, and also after one family moves out before another moves in. And that municipalities see to it that the water, milk and food consumed by citizens be pure.

Mr. E. G. Routzahn, the Director of the Exhibit, was present and was a great inspiration in all these meeting of the Congress. Many group meetings were held with physicians, preachers, teachers, women's clubs, Y. M. C. A's and Y. W. C. A's, lodges, business leagues and other societies and in these meetings it was decided that they would go forth and take an active part in the fight and preach the "Gospel of Good Health and Right Living."

One of the papers read at the Congress which created considerable press comment was that of Dr. W. E. Sterrs of Decatur, Ala., who made the claim supplemented by research and statistics that the Negro is less susceptible to tuberculosis than any other race and that the darker the victim the greater chance for his recovery.

The movement created wide-spread interest, and support, and scores of letters and telegrams were read from leading men

and women all over the country. Several who were unable to be present sent their papers to be read at some one of the sessions.

It seems very fitting that this movement should be inaugurated at Tuskegee Institute with its 1,500 students and 159 teachers from all over this country and many foreign lands. This was only the beginning. A permanent committee has been established at Tuskegee Institute with Dr. J. A. Kenney as chairman, to further the movement. Literature on the subject will be sent on request. Every physician is urged to take the lead in his community in the fight against this disease. We are pleased to note that many are doing so. It is hoped that the National Medical Association at its next meeting will take some more active step than in the past and thus set its stamp of approval on the movement.—J. A. K.

PHARMACEUTICAL DEPARTMENT

FINANCIAL SIDE OF PHARMACY

READ TO THE PHARMACEUTICAL SECTION BY
DR. L. H. SINGLETON, WASHINGTON, D. C.

Officers and Members of the Pharmaceutical Section of the National Medical Association:

It gives me great pleasure to be here to greet you and to assure you that I appreciate the honor of being the first chairman of the Pharmaceutical Section and to preside at this meeting.

Though handicapped by the strenuous life necessary to our calling, I have yet found time to assist in building up this branch of the Association and to make this meeting an incentive for greater things in the future.

The session at Baltimore marked a new era in the National Medical Association in that the pharmacists were ena led to perfect an organization which they had not been able to do heretofore. Of this you will hear in the minutes of that meeting.

In conclusion I wish to congratulate the officers of the Pharmaceutical Section on their good work: Dr. Gray as secretary deserving especial mention because of her untiring zeal in working to build up and make our section a success and its meetings worth while to attend.

The financial side of any business makes that business a success or failure and necessarily must deal with profit and loss. The financial success of a business depends upon four things: Buying, Selling, Expense, and last but not least—Waste.

Under the head of buying, I will say, that a man who does not take time to read his mail and drug journals soon after they arrive, is losing money, losing in not seeing and reaping the benefits in the bargains they offer as well as throwing away the price he pays for the journal. In buying, the important thing to know is, when, where and how to buy. When to buy? Watch your price list, catch the market when it is down. How to buy? Watch your trade to see what quantity you will need for one, three or six months. Quantity discount is clear profit as well as cash discount. The man who buys in a small way an article that is a good seller, could not be called a good business man. Yet, the man who buys far ahead of his demands for sake of quantity discount is equally a poor business man. Capital tied up is a handicap. Stock must be sold to reap the profits and should be turned over at least three times a year. Stock on the shelf bears interest, thus adding to the cost. I advise all graduates to get a store experience before attempting to go in business, for nowhere is there more judgment needed than in opening, as well as to keep it going.

Selling: In selling you have to compete with the cut-rate and department stores. My advice is, create a demand for goods on which you do not have to meet competition; on goods that give the largest profit, providing they have the value. Remember

that goods well displayed are half sold, and that a nice, clean store is a great asset.

Under the head of selling I will include waste. In the average store there is enough wasted to pay the porter, in some, enough to pay the rent. Do you sell what you buy? What of the few grains of chemicals wasted now and then? Of the drams to ounces left in emptied bottles, cans and jugs? Probably you figure the insignificant cost. In that you are wrong. Figure it at the retail selling price; how much could you get for it? C. C. pills are cheap; you sell four for five cents; in failing to pick up the one dropped is one and a fourth cents lost from profit. Calomel tablets, other tablets, pills and capsules, and so on down the line—money thrown away. I have gotten from four to six ounces of castor oil from an empty can—a can that someone else emptied. All waste is a careless, unnecessary loss, and should be given even a greater consideration than the buying.

Under the head of expense comes the cost of doing business—the part that reduces the net profit. Rent, we have to pay, but we can utilize all the space for which we pay. Light! we must have, but we can have it distributed economically. The cost of keeping books is an item on which we can economize. I have a system by which I can keep Day-book, Journal and Ledger, an itemized account, on fourteen pages for a year.

In conclusion I will say: net profit does not depend upon volume, but in buying right and selling what you buy.

The Pharmaceutical Section of the National Medical Association held its second annual meeting with an increased membership. The session was interesting; reports of committees were read, plans for the year's work were discussed, after which a very helpful paper on, "The Financial Side of Pharmacy" was read by Dr. L. H. Singleton of Washington, District of Columbia.

The election of the following officers will meet the hearty approval of the pharmacists of the country: President, Dr. L. H. Singleton; Secretary, Dr. W. L. Jones of Winston-Salem, N. C., Treasurer, Dr. Clara Smyth of Richmond, Va.; Pharmaceutical Secretary, Dr. J. P. A. Coleman, Portsmouth, Va., and member of the Executive Board, Dr. Amanda V. Gray, Washington, D. C. There were about fifteen pharmacists enrolled this year and it is hoped twice that number will attend next year at Boston.

One session of the N. M. A. was devoted almost entirely to the discussion of subjects of interest to the pharmacists. Dr. Coleman handled her subject very intelligently and the discussion which followed brought the doctor and pharmacist in closer relation.

A very valuable booklet, "Some Important U. S. P. and N. F. Preparations," was distributed by the pharmacists at this session.

Let all pharmacists take up this propaganda and push it for the triple benefit of the doctor, pharmacist and patient. The

exhibit of N. F. and U. S. P. Preparations prepared by the pharmacists received the highest commendation of the physicians and showed that it was not necessary to specify any Proprietary. We ask the physicians to write prescriptions that will give us an opportunity to use our knowledge as pharmacists. Let the pharmacists and physicians cultivate a more friendly relation and thereby be of mutual benefit to each other.

GENERAL NOTES

The Committee on Dental Exhibits promises some surprises at Boston in August, 1909.

The Bay State Medical, Dental and Pharmaceutical Society with the co-operation of the Rhode Island and Connecticut men are busy preparing to entertain the N. M. A. in August, 1909.

The Dental Section of the N. M. A. will be well represented at Boston in August, 1909.

Boston Doctors believe in taking time by the forelock. Already committees are planning to give the N. M. A. a royal reception in August, 1909.

During the latter week in October Dr. Daniel H. Williams of Chicago held a very successful Surgical Clinic at the Mercy Hospital in Nashville, Tenn. Eighteen cases were operated on, most of them major operations, without a single fatality. During this clinic Dr. Williams also lectured to the students of the Meharry Medical School on the subject of Surgery.

Dr. J. A. Kenney of Tuskegee Institute, Ala., was present to administer the anaesthetics, and also lectured to the Meharry Medical Students on the subject of General Anaesthesia.

NOTICE—Members of the N. M. A. and the profession at-large are invited to send matter for publication in this section to Dr. Wm. S. Lofton, 1523 M Street, N. W., Washington, D. C.

MERCY HOSPITAL

Nashville, Tennessee

For ten years this institution has given the hospital training to the students of Meharry Medical College and graduated a class of trained nurses each year since 1902. This year it has in training sixteen nurses, four of whom are to graduate in March. The course is three years.

Dr. Daniel H. Williams holds a Surgical Clinic here every year, since 1898. Circulars are sent out to the profession notifying the date of Dr. William's arrival each year. Many physicians send and bring in operative cases. The last Clinic was held in the latter part of October. Twenty-three operations were done successfully. Every case made a complete and rapid cure. Dr. John A. Kenney of Tuskegee Institute, has been with Dr. Williams as an anaesthetist. The Meharry students prize his lectures very highly.

The surgery at Mercy Hospital is a considerable item. All kinds of major and minor operations are done daily by surgeons of the staff, all of whom are men of our race. Every case is handled by women of our own race, who are trained there in the hospital. Since the first of last September, one hundred sixty-three have been operated upon and treated in the hospital with a mortality of only three persons from all causes. Miss Mittie M. White, who was assistant superintendent at Lincoln Hospital, New York, and took post training in London and Berlin hospitals, is the head nurse. Everything about the hospital is clean. The operating room is well arranged and perfectly lighted. Including the nurses' home, there are more than thirty rooms in the hospital, and yet the hospital is too small to supply the demand at this time. All kinds of surgical cases are constantly being sent in to be operated upon by the different members of the surgical staff. Mercy Hospital is one of the greatest blessings to the race.—R. F. Boyd, M. D.

DENTAL DEPARTMENT

To my Fellow-Members of the National Medical Association and the Profession-At-Large:

Greeting:—This is to be the official organ of the National Medical Association, and its life and interest rest with the members of the Association. Having been appointed Associate Editor in charge of this department it is with considerable diffidence that I assume this grave responsibility. I ask the co-operation of the members of the dental profession, that they contribute articles original or from other sources for publication. Articles sent must be signed by the writer or credited to the magazine they are taken from. With the co-operation of the members of this section of the National Medical Association we hope in time to make this department a review of the best things in our profession. In presenting Dr. Paul Gardiner White's article in this issue, we wish to say, that Dental Hygiene is always interesting and such articles as this should be given wide circulation and I take this occasion to thank Dr. White for the copies of the article in pamphlet form he so kindly sent to me.

Respectfully,

WM. S. LOFTON, Associate Editor.

THE NECESSITY OF SCHOOL INSTRUCTION IN DENTAL HYGIENE

PAUL GARDINER WHITE, D. M. D., Boston, Mass.

AN ADDRESS READ BEFORE THE BOSTON SCHOOL BOARD AND THE BOSTON SCHOOLMASTERS' ASSOCIATION. NOVEMBER 5, 1907; REPRINTED FROM THE DENTAL COSMOS FOR JANUARY, 1908

The necessity for early care of the teeth becomes more and more apparent to the public as the good effects of modern improvements in sanitation and better conditions of life make themselves felt throughout the civilized world. Yet three-fourths of the highly intelligent, well-educated people look upon the teeth as structures which are more or less able to take care of themselves, even in adult life, and they receive with surprise and even incredulity the suggestion that the teeth of children should be carefully cleaned and attended to. It is time to come to practical principles and rid our minds of the idea that it is a disgrace to remove foreign substances from the mouth. It is our duty to care for the health of the mouth in every possible form, and, when that has been accomplished, there will be from one-half to three-fourths less work for the physician, as most of the ailments of man are caused by mouth-infection.

As oral surgeons and physicians it is our duty to familiarize ourselves with the diagnostic symptoms of the oral tissues, that we may do all possible to ward off disease or cure existing disease conditions.

RELATION OF ORAL TISSUES TO BACTERIA

Infectious or contagious diseases are now recognized to have their origin in minute vegetable organisms known as bacteria. It may be well to consider for a moment the relation of the oral tissues to bacteria.

The mouth under the most favorable circumstances is an ideal incubator for the development of many forms of bacteria, and bacteria both pathogenic and non-pathogenic are present therein at all times. The life-circle of these bacteria demands certain conditions—viz., suitable temperature, moisture, food, and a removal of their waste products sufficient to prevent their own destruction. That all these conditions are found within the oral cavity goes without saying.

The oral cavity is the main gateway to the entire body, and it is through this gateway that many destructive diseases find entrance, originating from infectious material in the mouth.

Dental bacteriology tells us that there are found in the mouth local lesions indicative of constitutional and acute infectious diseases. The bacillus tuberculosis exists in the mouths of many suffering from pulmonary tuberculosis, also at times in the mouths of the healthy. Dr. Netter finds the diplococcus of pneumonia in mouths of about fifteen per cent. of healthy individuals, as also the bacillus of typhoid and diphtheria, and the micro-organisms of thrush, erysipelas, anthrax, etc.

These bacteria, along with purulent discharges from abscesses and pyorrhea pockets, are taken into the food and swallowed in great numbers. It is true that many are killed by the gastric juice, which is a weak germicide, but many develop in a weak stomach and produce disease. Many enter the intestines, and either excite disease of specific character or produce abnormal intestinal fermentation, the toxins of which may be absorbed, or they may remain localized in the mouth and produce oral disease.

Nature does all she can to prevent the entrance of these bacteria into the system. If, however, in the struggle for existence the natural defenses of the body (such as the germicidal substance in the blood) fail to perform their duty, whether from fatigue, disease, or debility, the tissues fall a prey to the invaders and disease results; the bacteria are for the time masters of the situation.

HYGIENE AND PROPHYLAXIS

The occasional failure of these natural policemen of the body to afford protection makes it necessary for us to assist by artificial defenses. The keystone of prevention lies in hygiene and prophylaxis.

Fermentation, putrefaction, and uncleanliness in the oral cavity predominate in and about the teeth, consequently these organs need first attention. The worth of that old saying, "An ounce of prevention is better than a pound of cure," is here demonstrated.

It is said that persons who undergo weakened infection in this way are immensely more numerous than those who are severely attacked; and they, moreover, move about, while the

latter class remain shut up. It may thus be understood that disease is spread not so much by serious cases as by persons who are suffering little or no inconvenience from their indisposition.

This fact should change all our ideas regarding the prevention of contagious diseases. Take the case of a child who complains of a slight sore throat; this is perhaps a weakened form of diphtheria which, falling on a more or less favorable soil, will be changed into a fatal form of the disease. A street-car conductor moistens his thumb to give you your ticket; the baker does the same to strengthen his hold on the paper that is to wrap your cake; and this may be the cause of your death, for the conductor or the baker may have pathogenic microbes in his mouth.

The enforced reporting of disease is of little use, for scarlet fever, diphtheria, smallpox, typhoid, grippe, etc., all have weakened forms. Six weeks after the cure of a cholera patient there are found, in his excreta, living comma bacilli. Patients who have had virulent pneumonia retain, in the secretions of their lungs and mouths, germs which become scattered about them. It has been shown that such germs were still virulent forty-eight hours after leaving the body.

To the germs sown by persons who have recovered from disease add those that arise from persons who do not know they are ill, who do not even feel the necessity of stopping their daily toil, and it will become evident that no sanitary prophylaxis, whether inter-urban, international, or inter-continental, is capable of assuring protection against a contamination so masked. The idea of weakened forms of germ diseases, when it has penetrated into the public brain, will impose habits of decency that in time to come will save millions of lives. People should be taught to devote themselves to making their bodies immune to disease.

How often do people present themselves to the dentist with teeth so filthy that one recoils with disgust and aversion at beholding them! Add to this a number of ulcerated roots, or decayed teeth with large cavities in which decomposing food remains for weeks and months, and you will no longer wonder why sometimes the breath of an individual is so offensive and foul that his presence is unbearable. Wherever there is decomposition of organic matter these innumerable colonies of microbes, the germs of disease, are generated. Can any individual pass his food through a mouth thus infected and yet wonder why he suffers from indigestion?

RELATION OF THE MOUTH TO DIGESTION AND ASSIMILATION

An eminent writer, speaking upon this subject, says: "The stomach may be compared to a stove; the food, to the fuel consumed by the stove; and life, to the heat given off by the glowing coals." The stomach is an excellent stove and will burn much bad fuel, but have a care lest it rebel and the fire be extinguished. To maintain a vigorous and sustained vital glow the food taken into the stomach must be thoroughly ground by the teeth and mixed with the saliva, and it must not be mingled with any deleterious accumulations in the mouth.

Good health demands thorough digestion; thorough digestion demands thorough mastication; and thorough mastication de-

mands sound and healthy teeth. Ulcerated roots and decayed teeth, an inflamed mouth and vitiated saliva, are poorly fitted to supply the stomach with food that can be properly digested and assimilated.

Indigestion and the American plague, dyspepsia, work their evils slowly but surely to cut off our best men and loveliest women in their prime and to rob us of their richest product and of their maturest wisdom.

In only last Sunday's issue of the Boston Post the fact was stated by Dr. J. W. Muller that the bacillus of cholera infantum causes, yearly, the death of 50,000 babies in the United States. Cholera infantum is a name applied, without great looseness, to a whole group of infantile maladies. These differ very much in important particulars, but they also have many characteristics in common; for one thing, all are disorders of the digestive tract, and all are caused by unclean and improper food.

In the country districts where ignorance is bliss, it is a common thing to hear people say, when talking of their teeth, that as soon as they have a toothache they will have the offending tooth out, and when the teeth are all out will have artificial substitutes. In fact, many well-educated people think that artificial teeth are just as serviceable, if well fitted, as natural teeth.

Professor Pawlor, with his marvelously skillful investigations of the workings of the digestive secretions, and Dr. Cannon of the Harvard Medical School by the aid of persistent and patient X-ray studies, explain how it is that earned appetite and thorough mouth-treatment of food are preliminary necessities for easy digestion, and that disturbances or shocks of any sort during the process stop digestive proceedings and endanger health. They show us, too, that when the mouth is accustomed to do all that it can do in the work of digestion, all the rest is easily accomplished by the natural automatic processes of the body.

In the mouth the crushing force of a normal set of teeth is 275 pounds. This remarkable power is given us so that we may thoroughly masticate the hard and firm foods which are so important for proper nutrition. Mastication breaks up the food so as to facilitate the swallowing of it, and to insure its intimate admixture with the digestive juices, not only within the mouth but throughout the whole digestive tract. It promotes the flow of saliva and secures due insalivation of the food; it increases the quantity of alkaline saliva passing into the stomach; it stimulates the heart and circulation, and influences the nutrition of the jaws and their appendages by stimulating the local blood and lymph circulation.

The teeth during mastication, especially where the bite is good and the food of a kind necessitating vigorous and sustained mastication, are made to move both vertically and horizontally in their sockets; the effect of this is to stimulate the circulation in the tooth-pulp, the alveolar periosteum, the cementum, the alveolar wall supplied by it, and the circumjacent membrane of the gums.

All this makes for the health of the teeth. Wherefore it is not surprising to find that those who masticate thoroughly suffer

much less from dental caries and its complications than those who are accustomed to bolt their food. Oftentimes a child having a toothache on one side of the jaw will chew its food on the other side, and when both sides ache will bolt his food, causing indigestion. That the human teeth are degenerating is a well-known fact. The theory of use and disuse of structures is applicable to man; the brain is developing, while the jaws are becoming arrested in development for the benefit of the brain. Prehistoric skulls show us four molar teeth in situ in each jaw; now we have three, the distal molar being called the "wisdom tooth" —and we are gradually eliminating that in the coming generation. What does this signify but inefficient mastication and improper choice of foods? The principles of Horace Fletcher should be taught in every school. As I have said before, the crushing force of a normal set of teeth is 275 pounds. In an edentulous mouth the masticating force averages about 25 to 30 pounds; with partial dentures and restoration by means of bridges between 50 and 180 pounds—thus showing the inefficiency of artificial substitutes to perform normal mastication.

In those who do not masticate properly in early life these parts fail to develop as they should, and they are on this account predisposed to disease. Their resistance to disease is still further lowered by the fact of the blood and lymph flow not being adequately stimulated by the vigorous exercise of the masticatory muscles. In children fed on starchy soft food we find defective development, sluggish circulation, and toxic saturation. Is it any wonder that the modern child should be liable to disease in these regions—that he should so frequently suffer from rhinitis, naso-pharyngitis, tonsillitis, and hypertrophy of the pharyngeal tonsil (adenoids)? In this way, chiefly, is the frequency of adenoids among the children of civilized nations accounted for. Where a child's nasal apparatus is habitually bathed in a stream of pure lymph and blood, periodically accelerated by ample and vigorous use of the masticatory muscles, it is unlikely to contract adenoids. Adenoids cause nasal obstruction and mouth breathing, which is a contributory cause of phthisis.

ORAL PATHOLOGY AND GENERAL DISEASES

When we take into consideration the complex association of tissues that exist in the oral cavity, and their intimate relation to other tissues both by contiguity and continuity of structure, it is easy to realize that any disordered condition in the mouth must necessarily affect, in a greater or less degree, organs or structures that are thus intimately associated; and, vice versa, disordered conditions in other organs or tissues more or less remote may be manifest by disarrangements in the oral cavity.

Abscesses, with agonizing pains, necrosed jaws, and probable disfigurement of the face, with tumors and foreign growths of varying character, frequently result from a neglected mouth.

Many other diseases, as of the ear, the eye, and the cavities of the head, often most difficult to diagnose, may be traced directly to an unhealthy condition of the teeth, as, when cavities of the teeth become over-populated with bacteria, it is only a short journey to the crypts of the tonsils, which soon become the sites of

new and thriving colonies; also to the ear and eye through the intercommunication of the nerve supply. Neuralgia, tetanus, and epilepsy have also been known to result from diseased conditions of the mouth engendered by decayed teeth.

A decayed tooth means impaired service, and a dirty one a tainted breath. Food is kept instinctively away from the side where the decayed tooth is, and since nature insists on removing useless organs, it soon comes about that the gums soften, become spongy and inflamed, and the teeth loosen and finally fall out. In the meantime every breath taken is germladen and carries into the lungs not health-giving pure air, but poison, to be absorbed and passed on to the remotest tissue.

A person careless of his own health will, of course, be unaffected by the discomfort that his bad breath causes to those obliged to associate with him, and a vice given him will be like pouring water on a duck's back.

Septic conditions of the mouth favor the occurrence of tubercular infection by lowering the vitality and power of resistance, both generally and also locally in the case of the lymphatic glands of the neck.

Inflammatory diseases of the alveoli and pericemental membrane progress slowly yet actively, and often persist for years without being perceived by the sufferer. During such periods the exudates of the inflammatory action in the form of pus, semi-disorganized cells, organgrenous tissue, have been contaminating the food and constantly gaining access to the deeper structures of the body, wherein they set up infectious changes which in some instances have been known to end fatally.

(To be Continued in Next Issue)

EXPERIMENTAL SURGERY

PRESENTED TO THE NATIONAL MEDICAL ASSOCIATION—NEW YORK CITY, N. Y., AUGUST 26, 1908

Surgery in the process of its development and cultivation is divided into two great branches, or bifurcations, the Art and the Science. We are approaching perfection in the Art so far as relates to manipulation, dexterity and skill. We have reached a limit in the Science so far as relates to definite, precise and positive knowledge.

We are not unmindful that modern Surgery has attained wonders in all that relates to both boldness of conception in the Science and precision of execution in the art. The Science, however, has not kept pace with the Art. The Art of Surgery during the last two decades has been so practiced, varied and modified as to have developed a stage where the imitative has attained a pronounced period of perfection, while the Science, regardless of antisepsis hygiene, and technique, yet falters and staggers, before further degrees of hitherto unattained limits.

This in my opinion, is largely due to the premise that the handicap to Science has heretofore obtained through the lack of research upon the tissue of the living body.

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Necessity, now creates a new epoch in the beginning of which the Scientific enthusiasts upon the bleachers of progress will soon demand if they are not already clamoring for, fresh fields for new conquests in Surgical Science, by way of experiments upon the living body.

The lofty heights of which the modern Science and Art of Surgery today can boast, were attained by using as steppingstones, a goodly number of the silent majority who expiated their lives upon Surgery's altar. Were it possible in the great beyond, for each and every one of these to stand up and say, "I died that the Science and Art of Surgery might live," there would be a greater convention of martyrs in Heaven than there could possibly be of heroes on earth.

Were it possible to view the present status of Surgery in one organic body, and it were also possible to procure a section of this organ for microscopical specimen, Microscopy would record that its parenchymatous tissue consisted, histologically and biologically, of lives of great men and small ones, good women and bad ones, old victims and young ones, immortalized by the growth and memorialized by the strides and advancement of this boastful parasite, Empiric-Surgery. Although Surgery has accomplished wonders in its wake, and is culminating in perfection on the one hand, and reaching limitation on the other, there remains virgin soil for experimental research in the Science.

Surgery today finds food and prey of innocent men, women and children, who sacrifice their lives to bold and salutary operation. They did so long before diseases had grown beyond the pale of the angry gods, for whom propitiatory sacrifices were made, the expiatory smoke of which seems not to have entirely cleared from the altars even to this civilized age of modern Surgery.

Justice, here to both the innocent and the guilty, prompts me to advocate the furnishing of living tissue for research of Surgical Science in the future, not of the innocent and docile public, but the living bodies of criminals condemned to die. Each state in our glorious Union in which capital punishment obtains, could, by judicious legislation, install or institute, equip, perfect and maintain a state prison hospital for research where Surgery might seek and find the hitherto unknown in the human anatomy. Consign those condemned to death to the prison hospital to the operating-table, lay aside the relic of barbarism, the gallows, and the more modern electric-chair, each of which without benefit to any community, simply wreaks vengeance upon its victims both of which have long since lost their savor in producing the desired effect for which they were originally ordained.

The states could appoint a staff of Surgeons, whose material for the advancement of civilization and Surgical Science, would come through the law of the land, in the form of criminals, who were condemned to die and who by this method of extreme punishment wou d not expiate crime without subserving the real purpose for which such an ignominious death was intended, i. e., that of deterring others.

It would subserve three purposes, which, taken together, would benefit society, and advance Surgical Science:

1. It would bring good tidings of great joy to public safety and longevity.
2. It would deter crime.
3. It would further the progress of Surgical Science.

It would insure public safety, in that each state could through its surgical staff, inaugurate and maintain a standard or criterion by which all of its licentiates would necessarily be aided, informed and guided in the test of the power of human endurance. The manner in which the great surgeons of today are leading and teaching the van, in carving the human frame, or body, is being imitated with so much freedom by the near-great surgeons, that it is becoming a menace to public health and life.

The innocent is too often slaughtered, with impunity, under the guise of Surgery, with the impression that every means, method and appliance is brought to bear for the safety of health, and maintenance of life when in reality, there is often a too open and gross disregard on the part of many would-be Alexanders in search of fresh fields for new conquest. In letters, in sculpture, in music and in art, there is a standard or criterion, and why should there not be one of Surgical propriety, a pale beyond whose limits Surgery should be admonished to tread softly, upon a soil of doubt and uncertainty?

Secondly, this form of Experimental Surgery would deter crime, as we advocate its possibilities. Condemn the criminals to the state prison hospital, mentioned above, where the staff surgeons could, under the strictest possible scientific investigations, upon the operating table, study Causes and Effects upon the living, while justice would be meted out, thus forcing criminality into service for the advancement of science, while the victim pays the penalty for infringing upon the rights and insulting the dignity of society.

In the meantime it will place a ban upon a veritable army of criminals who are rapidly becoming a menace to life and the pursuit of happiness in America. Let the courts condemn these undesirable citizens to the operating-room, where they lose their identity and serve Science and its demands during the remainder of their natural lives, not by name, but by number, thus concealing their personality, thereby eliminating the main feature which prompts their morbid desire for notoriety, which always feeds the perverted mind of the anarchists and the crimnally inclined, urging them to commit diabolical deeds of assassination, murder and other outrages.

Let it be within the power of the state surgical staff to determine through the medium of what operative procedure one can most profitably subserve the ends of scientific surgical research. In the event that the condemned survived the operative test, permit his hope of future life to extend its pseudo-podia only so far as they will bring him to complete recovery, where his eligibility faces the tantalizing phantom or realization of another experiment. Let operations follow one after the other, in succession, until the greed of Surgical Science and Experimental Reseach yield their victim only to the dissecting-table. This scientific method of expiating crime, of avenging wrong, and at the same time fulfilling the demands of Justice, is sufficient to produce a terrifying effect, and a deterring influence upon the crimnally inclined. The consigning of the condemned criminals to the state prison hospital would put to flight the too free use of fire-arms, and of the dirk, among us. The thought of offering and perhaps sacrificing one's existence upon the operating-table in the form of surgical retribution, would intimidate the most murderous hearted. To thus voluntarily recommend one's self to the mercy of cold-blooded science would strike terror to the bosom of the boldest highwayman; the glare of the operating-room, the keen glitter of the surgeon's knife would produce fear in the heart, mind, soul and body of the most lustful rapist.

There is an open and avowed antipathy proclaimed for our bodies' serving science in the hands of student dissectors. To what extent would the average one's fear, terror, horror, or dread develop upon reading in detail the technique of the operation to which one condemned to die was subjected and the awful struggle which took place between science and that Monster Death in the operating room, while the curious and inquisitive surgical world stood aghast on the outside anxiously awaiting the result with more eagerness to learn than the average American baseball enthusiast, or fan, watches the bulletin while the game is going on?

The present method, an old souvenir of barbarism to which some of the states still cling, and the more modern, but less dreadful electric-chair which some other states have substituted fail in their chief purpose that of deterring others.

It has been my painful privilege to witness most of the death penalties by way of legal execution inflicted in Jefferson County, where I have resided during the last fifteen or twenty years. I have yet to see the first condemned criminal go to his death weak-kneed. The death penalty and its method in vogue today,

in most of the states in which capital punishment obtains, serve in a goodly number of instances to inspire a form of fetichism, a state of mind slightly on the west- side of insanity, in which condition the condemned is urged by a few quasi-preachers, religious fanatics, to the point where emotion develops a braggadocia spirit with an explosion of excitement prompting him to die bravely, after proclaiming a preparedness and eagerness to cross over Jordan to be ushered through the pearly gates and received in open arms.

I remember witnessing, six or seven months ago, an execution at which the condemned man was brought down into the jailyard where stood the gallows surrounded by a few of us, doctors, lawyers and newspaper men, a complacent and saintly smile was a striking feature of the culprit's countenance. He walked with a swagger of triumph, acting more like a man going down into the water to be baptized. He ascended the stairway of the gallows as nimbly as a dancing-master, occupied a few minutes in rehearsing briefly the crime for which he was willing to die, admonished all young men to leave whiskey and bad company alone, and as his minutes were drawing to an ignominious close, his arms were being pinioned and his feet securely tied, he talked with religious fervor depicting the disgust which he had now formed for this sin-cursed earth, and described the beauties of the landscape in the place where he hoped to be in the brief space of a few blessed moments. The trap was to be sprung at 10:00 a. m. sharp; at four minutes to ten the sheriff asked, "Will some of you preachers start up a song?" "Blessed Assurance, Jesus is Mine," pealed forth from the lips of the circum-gallows congregation. As the last line in the chorus was being sung, the executioner's assistants proceeded to adjust the black-cap over the face. It was then about forty seconds to ten. During this procedure, which was painfully silent, an unlooked for and unceremonious interruption came in the form of a fifteen-day stay of execution from the Governor, upon the reading of which, the scene changed, the hands and feet of the prisoner were released as if by magic, and a figure dressed in neat black, simply lost himself in the throng, and was found only by the shouting of, "Glory to God in the Highest; Thank God, brothers, and you must all help me to thank Him, because I'm not gone yet. God is for me, and I am with you once again." This citation indicates plainly the quantivelance of his fear in the dread of dying on one hand, and of his hope in the enjoyment of living on the other. He was put to death fifteen days later, but just before the cap was adjusted, in order that we might determine the probable length of his consciousness after the trap was sprung, he was requested to point his index fingers foward just as long as he could remember his promise, to accommodate the doctors and sheriff's assistants. Not a muscle nor a finger indicated a conscious moment.

I make mention of this incident in order that it may serve to illustrate the unconcern with which he died and the seeming heroism with which he so readily acquiesced in promising to accommodate the inquisitively inclined. Not one of us entered into the agreement with any more interest, apparently than he, for he laughed and said, "I will be glad to, gentlemen," manifesting

what he evidently thought he was, in fact what we know he was upon that occasion, "The whole show."

Experimental Surgery, in the event that it is developed after the fashion of our advocacy, upon the condemned criminal, rather than upon an innocent public, continuously imposed by the reckless daring of experimental adventurers, will not only deter crime among us, which is unlawful, but will relegate to innocuous desuetude that crime which has never been considered unlawful, but which on the other hand has been forced by habit, sanctioned by tradition, licensed by custom, applauded by usage, time and time again encored by public sentiment, that of experimenting behind the mask of Science.

3. Let us force criminality to subserve the ends of Science by way of Experimental Surgery.

Today, the laws of our land force crime to subserve science in other ways, the sceince of industry, in the trades, the science of agriculture, in farming, the science of mining, in the mineral fields, why not capture criminality, tame it as Franklin did electricity and force it to serve the Science of Surgery in experimenting?

There seems to be nothing on earth too powerful to bow or bend to the humble submission of man's will and pleasure; unchained lightning is today bridled, and managed by the dainty hand of electric science, in the gentle pressing of a button. Let us bridle criminality through Experimental Surgery. Mighty Niagara, once lionized, is today "Mary's Little Lamb," in the arms of science. Why not shear criminality and utilize its fleece in Experimental Surgery?

The sun, the brightest of all lights, and the hottest of all heats, that part of which journeys from the center of the planetary system to venture upon earth, is captured, tamed, by a modest little dial, and forced into humble and accurate submission as a time-piece in the vest-pocket of the government's observatory on yon hill.

Why not make of criminality in the vest-pocket of Experimental Surgery, a harmless Waterbury or a timid Ingersoll? Permit Experimental Surgery upon the criminal, to reduce to a scientific certainty the effects of extirpating large quantities of fat from the anatomy of the corpulent and overly obese.

Look to Experimental Surgery to ascertain the possibilities of success in removing diseased portions of the thoracic viscera. For instance: the removal of one lobe or more of a tubercula lung. Produce any particular condition in a criminal subject, upon which uncertainty invites the lime-light of surgical scrutiny and reduce to an axiomatic certainty, definite results, and thus put a quietus upon surgical theories, speculations and conjectures. Lay aside the inconveniences and expense of gymnastics, uncertain physical culture, harmful and indefinite Anti-fats, and look in the future, to flesh sculpture, initiated by Experimental Surgery for the condemned criminal. Let Experimental Surgery here prompt science in blazing the path to success in the removal of mediastinal tumors and the extirpating of aneurisms of the descending aorta, invite rapid union of the proximal and distal ends of the vessel, without consequent gangrene, or subsequent

atrophy of the lower extremities. In the event the vascular tumor is spindle-shaped, to the extent that the apposing of the two ends becomes an anatomical impossibility, ask the venturous aid of Experimental Surgery to furnish exact and positive science. In the event the result of shortening makes imperative the intervention of lower animal aorta, or that of another condemned human being, intervene collateral circulation through the venous tract. Utilize these subjects for cuticle in large tracts of skin-grafting, substitute their limbs, their ears, their lips, their noses, their thoracic, abdominal and pelvic viscera, for lost or diseased portions of innocent and unfortunate beings. There are sometimes opportunities and demands for living tissue to substitute for injury, disease, necrosis, etc. Indications point strongly to the saving of limbs and lives through such substitutions, where there are solutions of continuity of bone, rupture of nerves, severance of blood vessels, but lack of privilege, or authority to demonstrate the possibility in this particular has kept the certainty of the effects of such feats beyond the pale of surgical science.

It is generally conceded that every important blood vessel in the human body has been repeatedly lassoed by surgery's ligature from the aorta down. Tumors with almost every adhesion possible complicating nearly every known anatomical structure from the vault of the cranium, to the floor of the pelvis, have been successfully removed, by the skill of Surgery's Art.

That resection of all the large articulations as well as small ones, and amputations of all the limbs or any one of them has long since been a matter of every-day surgical occurrence, that some portion of almost every organ in the human body has been removed, but there yet remains dormant, an undiscovered continent in the Science of Surgery, to slumber, perhaps, until awakened by the approach of some Christopher Columbus among us, from whose discovery there will be pioneering of originality in Surgery, whose departure from the old paths, will mark a new epoch in the annals of Science conspicuous for the absence of those surgical stunts and empiric feats of mimicry on the part of surgeons whose fame today is parasitical, in that it feeds upon surgical triumphs inaugurated by the genius, if not perfected by the skill, of our predecessors.

Let us by the aid of Experimental Surgery in this form, make of honesty and candor in Surgery, a pedestal upon which we can stand and look the world squarely in the face. We too often stand silently by and watch Surgery's faults notoriously masquerading behind humanity's misfortunes.

Let us by the sanction of Experimental Surgery, be bold and courageous enough to say "when one lived or died in spite of Surgery, and when one lived or died because of it." Fear of the law, trepidation for one's reputation, and many other deterrents, have conspired to send honesty and candor into exile.

Few, if any, surgeons have the fortitude to admit, or the bravery to confess, that a certain surgical procedure was a mere operative test to ascertain the depths of Surgery's curiosity, the height of experiment's attainment, or the breadth of science's possibility when sought for, through the instrument of a remunerative or charity operation.

Surgery, as it is practiced today upon the innocent unfortunates, cannot afford to indulge in such gross pieces of extravagant mathematics by way of cancellation, as to jeopardize some of those attributes so vital to its existence, for candor to the world or sacrifice some of those accomplishments so essential to its maintenance, for honesty to Science.

But when given the keys of authority by the Law of the land to seek and find in the criminal body, the hitherto unknown, the attitude of Surgery, and its position with regard to both humanity and the operator, assume a new and far different form, whether the result be pro or con, so far as relates to the subject upon which the experiment is made.

A PLEA FOR SUGGESTIVE THERAPY

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READ BEFORE THE N. M. A., AUGUST 25, 1908

In looking for a subject to interest this noble body, none appealed to me so much as the above mentioned. While it is by no means a new subject, yet I feel, that, the rank and file pay too little attention to this branch of therapy.

The standard text books make but a brief mention of it, without giving any definite course to pursue in its application. Current literature makes an occasional reference to the matter, with the same important omission.

First, I will state that I am a regular practician; and prescribe, dispense and advise; and I further state, that I give less medicine now, than when I began practicing, though but a short time ago. I have learned to trust much (especially in nervous cases) to good counsel and suggestion. All of you here have heard patients express themselves as being better as soon as you had entered the room. This is not always imaginary. There is a cause. The interdependence of mind and matter, is more apparent today than we have heretofore recognized. Many of you have treated patients, and tried every known drug and some unknown drugs (proprietary) with absolutely no results; and were much humiliated to find that some quack had come along and in a few days had your patient out and in good health. Those of you who have escaped this very embarrassing experience, have heard of such and from good reliable sources. We ask why is this? On the whole we have been too wise in our own conceit or too indolent in our efforts to investigate these things. The result is we sit idly by and see the procession of quacks and charlatans increase to large and dangerous proportions. The Christian Science, one of the greatest evils of today, that is as regards the principles of medical science, and hence human life, is simply an overdrawn belief in suggestion; and even this vile form of charlatanism is not devoid of good. Thousands of cases have received actual, not fancied, benefit from their belief. These cases may be encountered daily and we do not have to travel far to find them; yet we simply condemn

without due process of investigation. We cannot rightfully criticise or condemn without first investigating. It is probably true that all the popular isms, paths and iths are overdrawn beliefs in suggestion. Then we must not allow the quack to monopolize this portion of our profession, for suggestive therapy is rightfully a part of our armamentarium. Let us not reject the matter or be passive to the ever increasing isms. Let's investigate all forms of quackery and find the fundamentals, which is certainly suggestion. We cannot afford to ignore suggestion because it is in so many instances abused. No one doubts nor dares dispute, that when worried, angered, excited or perplexed that the digestion is impaired. Again, if one is given to melancholia; headache, constipation, bradicardia and many other symptons are present. We all meet hypochondriacs who have nothing organically wrong, but they have emaciated, are weak, nervous and have no end to the string of symptoms they bring.

A little closer home: Who has not been relieved personally and lifted from a state of depression by a heart to heart talk with some one in whom he confides? How many times have you been regenerated, as it were, by good advice? There is a reason deeper than we are usually able to give.

I call upon the profession to put to flight all forms of charlatanism if possible and I gladly join hands in the fight. On the other hand I beg of you to investigate all isms before condemning them in toto. We can learn something from the simplest of things. With all my contentions and advocates I believe suggestion, as all other forms of therapy, is limited and should not be abused. In the writer's limited experience its use has been confined to mental and nervous diseases; but there are those who are using it in a much broader field with good reports. Reports of tumors so treated, and good results followed, are recorded. It is claimed that, by subduing the conscious self, the nervous system, which controls all functions, can be impressed and made to so regulate the internal secretions and functions that the normal tissues will receive the proper appropriation of nutrition and the abnormal tissues shall be the first to suffer from deprivation. I profess no knowledge of this matter but believe the thought worthy of consideration.

We all know that there is an inner and an outer man, and we know the inner man works independently of volition. It does seem plausible that if the higher or conscious faculties be subdued, the lower of sub-conscious faculties might be more easily impressed.

We have only to observe the ordinary hypnotist to see how the sub-conscious man can be made to carry out suggestion. The first thing the hypnotist does is to use a definite form of suggestions, in which the patient or victim, is interested, and he thereby soon subdues the conscious man. Then he commands all sorts of things to be done and they are done. Why then, could not these demands be made upon the internal secretions and functions? Why not make the demands upon the nervous system and special sets of nerves that control all functions and special functions respectfully. If the suggestions are carried out in merriment, and no one dares dispute that they are, why would they

not be carried out if directed to improve the human economy? There can be no doubt that a person hypnotized, acts upon any suggestion given him while in that state. Any one of you here can hypnotize any person who will give himself over to you for suggestion. A hand book by Dr. Henry S. Munro, published by C. V. Mosby Co., of St. Louis, is replete with thought, and I recommend it to the profession as one of the best works of its kind.

It is not the purpose of this paper to teach (for if we succeed in arousing a deeper interest we will have accomplished our aim) but one thing I feel called upon to state here, and that is, the first thing of importance is the same as in any other form of treatment, viz.: a correct diagnosis when possible. This being done, get the confidence of your patient by some means. This may require a little tact, but it can usually be done without much trouble. Be sure to study the temperament of the patient. In the writer's experience the best results have been obtained when the patient has given himself over for a series of suggestions which has ended in the patients being made to sleep soundly, so soundly that pinching will not arouse him. Unfortunately the term hypnotism has been applied to this fete. Please let no doctor make the fatal mistake to tell the patient that he is to be hypnotized, not that we are ashamed of the term, but on account of the prejudice against the name hypnotism; skepticism will at once be aroused. Better have a bottle containing a liquid (preferable sterile water) and call it Somno-Analgine which may be explained to produce sleep and allay pain.

This is done not to unwarrantedly deceive the patient but to inspire confidence, just as many of you have given other placebos, for the mental effect. With such a bottle one will have little or no difficulty in producing sleep or hypnosis. I adopted the above procedure through advice of Dr. H. S. Munro's book, to which book I must here again emphasize a reference.

Please remember that it is by no means always necessary to produce hpynosis in order to use suggestion. Many times a conversation is productive of much good. Many points might be mentioned in this connection, but those of you who will take the time to investigate (and it is worth the while) will learn by experience. I wish all here present, to read, compare and reflect upon the matter contained in the book referred to above. While the writer has used suggestion in many cases with good results, there is one case that we feel will interest you, as it shows direct results.

Patient, female, colored, age forty years. From a neurotic family, mother and father died at seventy-four and eighty-six years respectfully. There are four brothers and three sisters living, in good health. One brother died at eleven years of Phthisis Pulmonalis. She is the youngest of the nine. Had diseases common to children. At about seven years of age, had inflammation of bladder and bowels. At about eleven had a peculiar condition, called, by the doctor who attended her, stagnation of the blood. She would become stiff in her ankles, knees, hips and elbows. Would be perfectly numb and unable to turn over in bed at nights. After being taken up and handled for a while

in the morning she would feel all right until night when the same phenomina would be repeated, this lasted about twelve months. The menstrual periods began at fourteen, with no unusual symptoms, save that the flow was scant, which condition obtains to the present.

Since she was eleven years old she has been suffering with nervousness. Had to stop school at that age. At twelve began music lessons; had to give up that a year later. At fourteen took up dressmaking and completed the course in six months; worked at it three months and had to give it up. Tried fancy work of different kinds with similiar results. At eighteen had La Grippe which left her weak and much more nervous. From the age of eighteen until now, it would be easier to enumerate the symptoms she has not had than those she has had. She has been subject to peculiar convulsive seizures since then. At first they only came on after excitement and were unaccompanied by pain. They rarely came on during excitement. Later, they came on without any undue excitement, and were accompanied by severe pains in the head; later the pain would be quite general. At first, the attack would last from one half hour to an hour or two, and the patient would go about her work as if nothing had happened. Later they would last for hours and were exceedingly hard to break up; sometimes having to resort to chloroform. After these attacks she would be confined to bed for two or three days and sometimes weeks. She was never unconscious during these attacks, never bit the tongue, never frothed at the mouth, never fell while standing or sitting. She always knew when the attacks were coming on and fought hard to keep them off. She was married at the age of twenty-four and is the mother of two healthy boys, and one girl died at six months of cholera infantum. The boys are twelve and thirteen. She never nursed either of the children, having no milk. She weighed one hundred five pounds when married, one hundred forty-five when first child was three months old, one hundred seventy now, height five feet, two inches. The females of the family increase in weight as they advance in years. A slight nervous taint is noticeable through the members of the family. The mother, I am told had similar attacks to these described. She has been treated by some of New York's best physicians and by all of Asbury Park's best. The writer tried in vain to diagnose the case. The efforts at treatment were of course unsuccessful.

In February, 1908, we began to use suggestive therapy, having exhausted our limited knowledge of materia medica and Therapeutics as laid down by White and Wilcox, Woods, Hare and Potter; and by way of consolation will state that at least six other physicians have been equally as unsuccessful.

At the time this treatment was instituted the patient was well nigh an invalid. She couldn't care for her two boys who were in school for the greater part of the day. Indeed she had to have her meals served to her about half of the time. The treatment was carefully carried out after the method as pointed out by Dr. Munro, viz.: by hypnosis and subsequent suggestions. The treatment was begun when one of the spells was on. Within five minutes the patient was perfectly calm, and after sleeping only

an hour she came down stairs, had supper and felt fairly fresh. The next day she came to New York, and the fol'owing day went to see W. and W. in Bandana Land. She has steadily improved from the first day until now she does her own washing, something she hasn't done for years. I have hypnotized her less than a dozen times altogether and she has had only one bad attack since the treatment began, and has not been laid up one day since. Just prior to the advent of this treatment she was having from two to three attacks weekly, and her strength was fast failing.

The only internal treatment is a tablet of Bismuth betanaphthol comp. for occasional attacks of indigestion and a combination of viburnum and hydrastin at the menstrual periods. Before this treatment it was almost impossible to get the patient to sleep. Even when excessively tired, she would lay awake for hours at night in spite of the entire catagory of somnifacients, including sulphonal, trional, Hyoscine, Bromides, Mulford's Somnos and all the other good things about which we read so much. When she feels the least bit tired now, she can lay down and in three minutes she will be sound asleep, even in the daytime. She has now reached the stage, when if she feels slight symptoms of an attack, she goes immediately and lies down and goes to sleep. An example of voluntary hypnosis or suggestion, if you please. She invariably awakes feeling refreshed and usually resumes her duties as before.

Gentlemen, I commend the matter to you and ask your most hearty efforts to advance its usefulness. I plead for a more thorough investigation; an unbiased investigation, and I feel sure that suffering humanity will be the benefactors.

Let the big men of the profession turn the searchlight, from their superior positions, upon this much neglected subject and reveal to us all that it possibly will do. Let them stoop, if you will, to the level of suggestion and elevate it to its rightful position in the galaxy of remedial agents.

THE PRESENT RELATION OF THE PSYCHIC TO THE PHYSIOLOGIC AND THERAPEUTIC IN TODAY'S PRACTICE OF MEDICINE

J. A. ROBINSON, M D., Darlington, S. C.

READ BEFORE THE N. M. A. AUGUST 25, 1908

In the life of a busy practitioner much time cannot be given to the study of the many new theories being constantly deduced from the practice of medicine.

In this day of Dowieism, Eddyism, Hypnotism, the Opsinic and other theories it might be well for us to stop a few moments and consider, "proving all things" and "holding fast to that which is good."

The day of the psychological has dawned in medicine, not to the destruction or imperiling of the therapeutic, but to the further developement of each other. The claims of Suggestive medicine and psychiatry are pushing to the front and attempting to place the science or art of healing for the first time on absolute rational grounds. Empiricism must disappear before it as the false dawn of the East does before the appearance of the true.

This condition will call for more preparation for the practice of medicine, for men of strong innate ability if the best results are sought and humanity is to receive practical benefit based upon the definite results obtained from definite theories.

To the average student of medicine a wrestle with two hundred eight bones, about three hundred eleven muscles, a system of nerves, a not too definite knowledge of the circulatory system and a cursory study of gross viscera constitute his knowledge of the human construction.

This knowledge begins to melt away from the moment he is told, not that he knows his anatomy, but that he has "passed" that branch, and so satisfying and gratifying is that information to him, that he continues to pass further and further from it even disposing of his text book, so that no ghost of that past, might disturb his dreams of achievement in the field of medicine only to be measured by the number of dollars he can extract from those who come in good faith for the treatment they always do not receive.

The thought has never struck this student of medicine that the "nerve mass" called the brain presented a psychological as well as an histological and anatomical aspect and that there must be an inter-dependence of the physiological and therapeutic on the psychological else the best results were wanting.

We are attempting to keep our feet on "*terra firma*" and would not have the pendulum swing too far to either extreme and do not seek to drive drug medication from the field in which it has held sway since man was driven from Eden. Yet we would take the high middle ground and reconcile the extremes to the making of a strong mean which must result in giving to humanity the benefit of a union of the determinative forces in the prevention and cure of disease. Nature cures disease. The moment an injury is done she begins the work of repair. Our duty is, therefore, to use every available means: First, to prevent that injury if possible, and next to assist in the repair if it has occurred.

Our assistance means to remove all obstacles we can from the path of nature in doing her work and involves suggestion as well as drug medication.

We are aware of the fact that the result of the applied force of suggestion will be in direct ratio to the mental condition of the individual—in fact their "personal equation" whether natural, acquired or both. However, there will be some response and the degree of the response will depend to a great extent on our ability to bring to bear the power of suggestion on the patient's mind and thereby aid his resistance to the ever present devitalizing conditions of the disease.

That physical results follow mental impressions has been known for ages. That a suggestion of the uncanny will cause us to feel uncomfortable, that the news that we have fallen heir to wealth brings about at once an excitement accompanied with a marked quickening of the heart beat, the knowledge of a loss blanches the countenance and almost paralyzes speech and respiration, are well known to the laity. And why this suggestion on the part of nature has only recently been taken hold of is indeed surprising.

It might appear at first a strange fact that the quack and charlatan have grown rich and the regular physician can hardly pay his legitimate expenses. Yet the reason is clear, if we study the quack and charlatan and not the wares he offers the public; for we would find in him an accomplished student of human nature.

A quack and a regular physician of attainment stood at the window of a fashionable hotel overlooking the boulevard of Paris. Said the physician to the quack, "How is it that you grow rich and know so little about medicine and I, so much more and can only make a comfortable living?" "I will tell you," replied the quack. "You do know medicine, and if I were sick, I should seek your aid, but observe any one hundred passers below, if you please, and tell me how many thinking individuals are among them." "Possibly one half," replied the physician. "No," answered the quack. "I will tell you, one. You sit and wait till that one comes to you, while I meet the ninety-nine, with suggestion of some kind, capture their attention, and they are mine."

The quack recognized and practiced suggestion to his benefit; yet also felt the need of the assistance of the regular physician and his drugs, if he were to fall sick. In short, the quack recognized the relation suggestion sustained to drugs and vice versa and that by the union of both the most complete results might be expected and obtained.

The much lauded "Code of Ethics," has kept us hidebound for years. Progress in medicine was looked upon as an innovation and he who had the temerity to discard the silk hat, gold-rimmed glasses, broadcloth frock coat, gloves and the mysterious "A-h," despite its meaninglessness, was about to drop into quackery and did not deserve the consideration of the regular. Humanity has always looked for a sign. The occult always demanded attention.

They threw down their rods and they became serpents as Aaron's did, and not until Aaron's had devoured theirs could he demonstrate his claim to supreme attention. Later they asked of him a sign and if we think deeply and closely we might analyze the "miracle" and find in it a form of exaggerated and intensified suggestion.

In this day of "brain storm," "circular insanity," "Alienist," and other psychic stunts, we would do well to pause a moment to consider that which we might extract from the mass presented us and use for the benefit of suffering humanity. I think it was that brilliant Frenchman Charcot, whose command of suggestion was so complete that he only stopped at suggesting

to his subjects that they should stop their heart beats for fear that he might not be able to start them again.

The Psalmist says that man is fearfully and wonderfully made and we must conclude logically that he referred to the intellectual and physical man together, for the student of comparative anatomy finds the same physical plan in the animal as he does in man, the same mystery concerning the seat of actual life, the same inability to define life—after careful dissection, thought and study.

In studying man from a physical standpoint we find a mass of connective tissue of various histological formation, grossly designated as bone, muscles, spinal cord, heart, lungs, liver, etc. These organs have functions that must be performed or the animal economy suffers, at least suffers to the extent that the normal performance of these functions is interferred with. In themselves these organs have no power to act and are dependent upon some extraneous power.

We have for years recognized the nervous system or system of nerves, sensory, motor and intellectual, as relieving the animal of the lower order of a condition of complete paralysis and man of added intellectual paralysis, even though nutrition could be supplied from some other source. We see simulations of such a condition now and again in our practice.

Now the question arises: What is this power generated in the gray and conducted by the white substance? What it is the scapel and chemists reagents have utterly failed to demonstrate, yet it has been working potently, mysteriously and subtlely since creation and is being more felt each day under the influence of advancing civilization.

Of its true nature we know no more today than when David exclaimed, how fearfully and wonderfully we are made! However we do know some things. We have learned that certain causes produce certain effects in the life and health controlling organism. We know that from certain points of attack we can interfere with its potentiality more effectively than at other places. Therefore, from a surgical point, some trauma are serious, some slight, some fatal, some that will recover. We also know the life and health giving organism is not of the same resisting power in all individuals, that what is a fatal injury in one individual is not necessarily fatal in another and what is true of trauma is also true of idiopathic and zymotic diseases; hence in this day the absence of the knowledge of the true opsinic index of the subject is an argument against the use of stock vaccines.

In a paper brief as this is intended to be, in an effort not to tire our hearers, we assume that all of us are thoroughly acquainted with the human anatomy and its functions.

We divide this great life and health organism into the intellectual supposed to be centered in the cerebrum, the functions of motion and sensation in the cerebellum and spinal cord and nutrition governed and mantained by the sympathetic system finding its way to the organs over which it presides by the way of the blood vessels.

We therefore, have in and through this nervous system, system of nerves, nerve mass, or mass of nerves, that which if it were cut off would leave the rest of a fully developed human body, but a mass of inert connective tissue. The question now arises, how do these systems work together and is their dependence one on the other established and understood?

In the light of today's investigations and the result of past observations we must concede that the best results to the individual depends upon the harmonious working of these several divisions of the nervous system originating and being controlled by one central point. This brings us to the consideration of the conscious and the sub-conscious. The conscious, we are taught, is that which knows that it is I, and that it is the same I that sees and feels and moves, etc.

The conscious might be defined as the intellígent and normal appreciation of the present. The sub-conscious, that psychic phenomena that is started by suggestion of the conscious and continues to carry on the work when the conscious has passed on and taken up something else. As for example: a student might attempt to solve a problem in mathematics and after vainly spending hours upon it, lays it aside, turns his attention to something entirely different, and taking it up again finds solution easy, and this is true of problems of all kinds we meet in life, that the sub-conscious plays a most powerful part in their solutions.

Now the seat of these faculties is found in the cerebrum and as the cerebrum directs and controls motion directly and through its co-ordination with the cerebellum we must look to it to account for the phenomena of sensation, motion and nutrition.

We are not unmindful of the centres of independent action in the cord, for they only act reflexly and are under the control and inhibition of the cerebrum. We are now in a position to see that the stronger the suggestion the better and more definite the result to the patient. The centres presiding over repair, over function or nutrition act more strongly and effectively and therefore aid our therapeutic means.

Suggestion travels from without inward and we are not unmindful of "Auto-Suggestion." The eyes feast upon a beautiful picture whether created by nature or art and a happy selection of the subject, must prove beneficial to the patient. The ears listen to a delightful story—maybe of love, and romantic blushes mantle the cheek and the heart beats faster as the climax approaches; and in another tale, when the hero has sacrificed his life for humanity and is passing to the great beyond, extending blessings on one hand, and forgiveness and love for enemies on the other, tears fill the eyes and course silently down the cheek.

The mouth "waters" as the odor of some savory dish comes in contact with the olfactory nerve. The brain therefore is the seat of the centre of life and health and maybe the ancients were right in placing the human abode of the soul in the piptuitary body—for how little we know of such things at present, yet may we find comfort with Tolsty where he says in "Master and Man," "We soon shall know."

If we will now admit that the cerebrum presides over all cellular change as well as the intellectual, we are in position to consider the direct relation of the psychic, physiologic and therapeutic. We said at the beginning that we assist nature in curing disease, that is, by removing obstacles that lie in its path, again by strengthening those forces in the body whose work it is to destroy the germs of disease.

Suggestion, when properly applied, through the nerves of special sense, acts so forcibly on the brain that it will raise the resisting power of the individual, the result of which will be to lessen the devitalizing effect of disease if it is pathological and organic and completely cure it if functional and without lesion. And herein lies the real cure. Drugs palliate conditions as morphine administered gives immediate relief in pain but needs not to be continued for suggestion carries on the work. A strong cathartic or purgative relieves a congested circulation or intestinal tract, the patient feels better and suggestion continues the work. And right here may I impress or call to the attention of our younger members to the necessity of a close study of the drugs we call the "sheet anchors," of opium and mercury and iron and nux vomica and digitalis and arsenic, and we may add rhubarb, jalap and podophyllin and last but not the least "olei ricini" to whom we were introduced while we lay in swaddling clothes under the dear domestic name of "castor oil."

A close study and intelligent application of these in connection with suggestion will be more beneficial to your patients and much less harmful than the indiscriminate use of the hundreds of proprietary combinations that issue from the laboratories and are designed "for physicians' use only." This practice, gentlemen, into which you are rapidly falling, as evidenced by a glance at the prescription file of any drug store, will dwarf your abilities as real physicians and place you on the plane of commercialism using your license to practice medicine as legal permission to distribute the products of the manufacturer as he may direct through the literature he puts out and your diploma as an inducement to the public to come to your aid in the distribution.

Gentlemen, I am not condemning the manufacturing chemist. The laboratory has been and is of great help to us; but I am calling attention to the indiscriminate use of its products which, I repeat, tends to dwarf you and engulf what should be the highest profession in one respect, the deepest in another, in the whirlpool of commercialism.

With this digression we will briefly consider the method that nature follows in "curing disease."

The Russian Biological investigator, Metchnikoff, demonstrated the presence and office of the phagocytes or cell eating bodies in the human system as a system of cells that would "eat up" or enclose within themselves the disease germs attacking the body. He described the fight as a valiant one on the part of the phagocytes, their victories over some germs being more complete than over others. Their hardest and most unsuccessful engagement being with the germ of tetanus and their sacrifice as evidenced by their dead bodies mixed with pus germs found in an abscess disclose the manner of their death and further

faithfulness as they stand arrayed on guard forming the limiting membrane marking the ending of diseased tissue and the beginning of the healthy.

These agents of nature, phagocytes, therefore really cure disease—more strictly speaking arrest the germs and destroy them if possible.

Now all we do to aid this process of germ destruction, cures disease. Whatever we do to increase the vital tone of the central nervous system, tends to increase the destructiveness of the phagocytes. Whatever drugs we might administer to temporarily aid by stimulating, depressing or otherwise exercising their influence on the human economy we are aiding nature to carry on her work of repair.

Take, for example, typhoid fever, the result of the invasion of the bacillus typhosis—with all of the phenomena of the condition known as fever, and the constant and diagnostic lesion of the intestines, peyer's patches, solitary glands, etc. We assume that every practitioner is thoroughly acquainted with the diagnosis, history and pathology of this disease and therefore without further description ask of you its treatment.

Your answer would be, suggested by the pathology and with out experience and depending wholly on theory, to give intestinal antiseptics, kill the germs and your patient will get well. My experience and a study of the disease under consideration, have taught me to do all in my power to aid the phagocytes in carrying on their war by sending them all the reinforcements I can enlist or conscript from any source.

I have no one line of treatment for every case. I know the disease to be self-limited and do not use all of my reinforcements at once. I depend largely upon the study of the individual under treatment, how well I can influence his mind and then use my psychic-influence to stimulate his latent disease resisting power, not to the extent of over stimulating for fear that like the pneumogastric, when over stimulated, the end you seek will be defeated by the intense application of the means. Having done this you are in position to get the best results from the drugs which you know so well how to give even though your patient sometimes, with cold breath and a hoarse whisper, cries out, "It is enough, I can hold out no longer" and yields up the ghost.

Rather, however, like that charming storyteller of the "Arabian Nights Tales" who succeeded by tact and suggestion in curing her husband and lord of an aggravated case of neurasthenia and at the same time saved her own life, thereby escaping the fate of her less tactful predecessors.

Again, let us glance at pneumonia, another self-limited, acute affection characterized by an initial chill-cough, dysponea, etc. The pathology of this disease is as well known to you as that of typhoid fever; but I select this because of the part played by the heart during its progress. The pathological stages of the disease are hyeremia, red and gray hepatization or resolution.

In this disease never mind the predisposing cause we have the initial chill as a rule, except in the old, followed by the well known symptoms ending in crisis from the fifth to the ninth day.

What is our treatment and how limited a field to select from? No specific but all that will aid recovery is centered in the physician's ability to stimulate the patient's latent powers of resistance, that the devitalizing forces will be met and repulsed, that the patient might survive. Now as to the heart suffering from the poison introduced by the germ of the disease and the mechanical handicap caused by the engorgement of at least one lung—we have a splendid opportunity to demonstrate the assistance to be derived from the palliating effects of drugs as assisting nature to cure.

Of course it is assumed that our patient's mental equation has been considered and he is surrounded by cool fresh air bountifully supplied with oxygen and we are simply not obstructing by overloading the system with drugs without a positive knowledge of their uses or indications, but are carefully helping nature by stimulating the lagging organs until the crisis is past.

We know that the heart gets its motor power from the sympathetic through the ganglia of Remak and Bidder and its power of inhibition from the pneumogastric with some assistance from the ganglion of Ludwig. The other influences are the warm blood coursing within its cavity and that supplied to it by its own coronary arteries. And again we know that reflexes affect it as injuries to the splanchnic, blows over the solar plexus, etc.

Now with the engorgement we can do but little directly and we look for a drug with a definite field of action. In this case we select the purest preparation of digitalis we can find, because of its action on the pneumogastric, thereby reducing the rapidity of cardiac action and giving more power to the contraction.

Again it contracts the arterioles raising the blood pressure and sending a smaller amount of blood through lung tissue therefore reducing the amount of temperature present.

We also aid the kidneys to eliminate more freely by its specific action on the malpighian bodies as well as the raised arterial tension.

We might continue to cite diseases illustrating the interdependence of the psychic and therapeutic; but these serve to establish the claims of each and of the necessity of the intelligent application of both for the best results.

These principles apply to surgery as well as medicine, as they are inseparable. Surgery should not suggest the slaughter house and other gruesome conditions. The mechanical operator, despite his adeptness, is not the surgeon. The true surgeon is the metaphysician, physician, and last the mechanical operator.

And now, gentlemen and co-workers, in this field of science, I am asking you to help me define our true position. I am asking you to help me sink self and the aggrandizement that might come from losing sight of our highest duty to race evolution today and chasing the shadow in lieu of the substance.

I am asking you to help me in making a plea for the higher preparation of young men of our race who are thinking of entering this field of science, lured by tales told, not always true, of the great amount of money to be made at but little cost, financial, intellectual or moral. This profession is not a "get rich quick" game or scheme, for if you are honest, despite your

brilliancy, you will work as hard for what you get as the man who ditches by the yard or foot.

We are dealing with the greatest mystery that confronts man: the mystery of human life. We are seeking to find the connection between the finite and the infinite and are trying to solve the problems that arise during our search.

How great our responsibility to measure up to our present duty. Some good work has been done and more must be accomplished.

A visit to the National Meeting of Colored Physicians held in Baltimore, September, 1907, would probably have impressed you as the largest organized body of colored scientific men in the world. And now as I close, may I say that what appears in this paper is but a feeble expression of what I hope to be able to report some day. I am seeking and praying for a result that will be the product of deep and liberal thought, and if I have brought one thought to you may you enlarge upon it and let me take it home with me, not naked as I have given it to you, but fully clothed in wisdom and in strength.

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Vol. 1 April-June, 1909 No. 2

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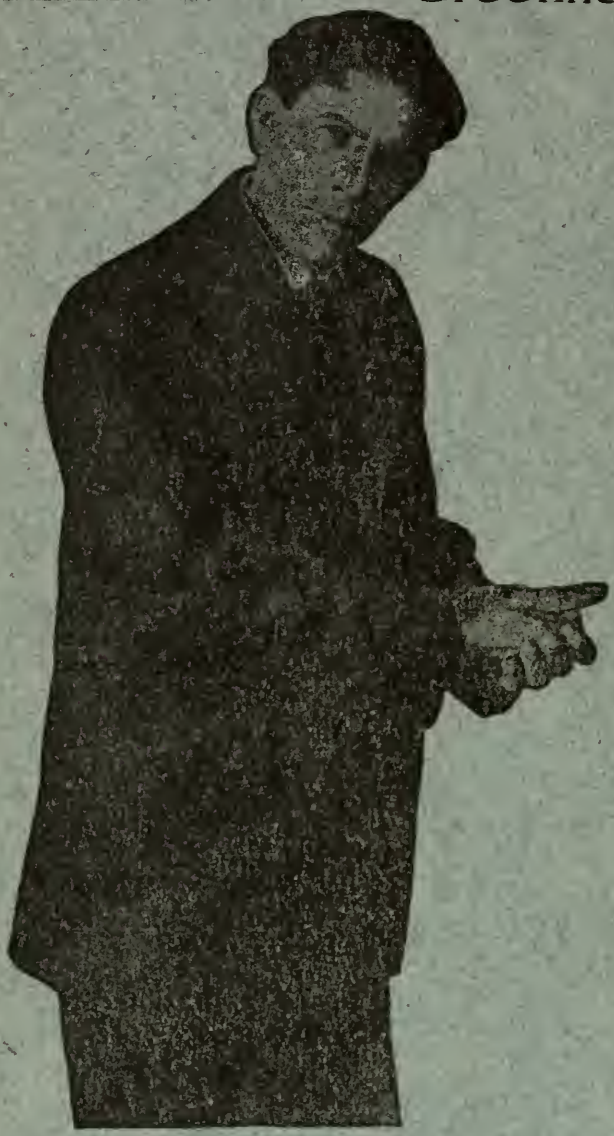

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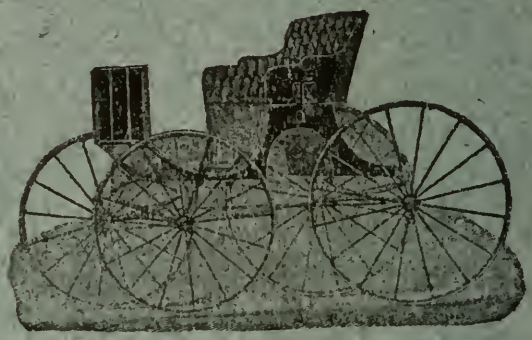

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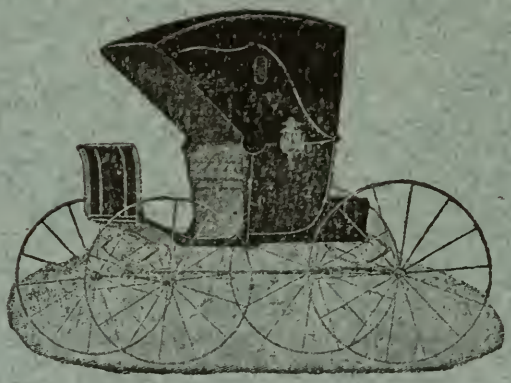

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CAUSES AND PREVENTION OF TUBERCULOSIS

By E. P. ROBERTS, M. D.

READ BEFORE THE NATIONAL MEDICAL ASSOCIATION, AUGUST 25, 1908

Mr. Chairman, Members of the National Medical Association, Ladies and Gentlemen:

This is a subject which cannot be too often discussed or too thoroughly understood. I shall confine my remarks to the pulmonary form of tuberculosis which is called by the laity consumption.

Looking over the statistics on this subject, I noted that in 1906, twenty thousand new cases of tuberculosis were recorded in the Health Department of New York City. It has been estimated that four hundred people die every day in the United States from this disease. Pulmonary tuberculosis is infectious and communicable, and is the most widespread and fatal disease in this or any other country. No climate is too mild or too severe; no home too palatial or too humble for this, the most deadly foe of man to enter. It has been and is at present, the most important causative factor in increasing the death-rate of all races. If we believe that the statistics collected by life insurance companies and health departments of this and other cities, located in the North and South, East and West, are correct; if we believe that the Negro's death-rate due to this disease is proportionately higher than that of any other race; it matters not whether the cause be due to an inherited susceptibility, climatic conditions, gross ignorance concerning the laws of healthy living, or the wilful violation of these laws; the fact that we are the most seriously affected of all other races by this disease should be ample reason for us to consider this subject to be of transcendent importance, and by far the greatest problem of the twentieth century.

No one inherits tuberculosis. An individual may inherit a predisposition for it—a weak, debilitated, nonresistive constitution, which would be suitable soil for the germs which produce this disease to remain in and multiply, should they ever enter the system. Pulmonary tuberculosis is caused by living germs, or "tubercule bacilli," which are found in the matter coughed up and sneezed out by others who have the disease. There are many predisposing causes, namely, colds, excessive use of alcohol and tobacco, bad hygienic and sanitary surroundings, insufficient amount of good, nutritious food, inadequate amount of sound, refreshing sleep, lack of fresh air and sunshine, exhaustion from excessive physical and mental work, immoral conduct, and in brief, whatever tends to dissipate our energy, and thereby lessen our resistive power may be properly considered a predisposing cause of this disease.

What is unknowable today is knowable tomorrow. For a long time physicians as well as the laity, believed that tuberculosis could not be cured. Scientific investigations finally proved beyond disputation that this disease is curable in its incipient stage. Physicians then went

a step farther and demonstrated that this disease is not only preventable, but is the *most preventable* of all the infectious diseases with which we deal. Reliable statistics show that in New York City there has been a decrease in the total tuberculosis death-rate between 1886 and 1906—a period of twenty years—of forty per cent. This marked reduction in the death-rate has been largely due to the partial administrative control of this disease and the education of the public as to the best means to be employed to prevent its spreading. When you locate, temporarily or permanently, in city or country, select for yourself as healthy a location as possible. Do not move into small, dark, dirty and badly ventilated apartments. See to it that the walls and floors are thoroughly washed with an antiseptic solution, that the apartments are repapered, repainted and rekalsomined. See to it that you have a dry cellar, good sanitary plumbing, high ceilings, sufficient windows for good ventilation, and an abundance of sunshine.

It is a positive fact that the germs of this disease have, in many instances, lurked for a long time in the dust on the walls, in the mattress, clothes, and draperies, infecting one after the other, until the entire family had been infected. In many instances, where several in a family had died from this disease and the surviving ones were advised to move, heeding the advice given, they never contracted the disease. Others, who knew not the danger of moving into this germ-laden apartment before it had been thoroughly fumigated and disinfected, contracted this disease and paid the penalty for their ignorance with their lives.

A person suffering from tuberculosis should be placed in a large, airy room, which should be kept thoroughly ventilated day and night; all carpets, rugs, and draperies, should be removed from the room; the patient should be told the danger of promiscuous spitting. The germs of tuberculosis are found in the matter coughed up and sneezed out. When the secretions from the respiratory tract are not properly and promptly destroyed, they become dried, pulverized, and suspended in the air as dust, and when breathed in the lungs by other people, cause tuberculosis. Patients who have the disease should be provided with paper sputum cups, which can be burned, or cuspidors filled half-full with water and emptied at least once a day and rinsed out thoroughly with boiling water. They may also use cheese cloth as a receptacle for the sputum, also for the purpose of preventing the germs from flying in the air, when they cough.

Should any one in this family die from this disease, the whole apartment should be thoroughly fumigated and disinfected, repapered, repainted and rekalsomined; carpets, rugs, mattresses, pillows, blankets, etc., should be subjected to steam disinfection. Again, when one of your family dies from this disease, all others in the family should be thoroughly examined by a compentent physician and receive from him special instructions as to the best method of safeguarding themselves against the malady.

Don't use the glass, plate, cup, saucer, knife, fork, towels, hair comb and brush; don't use anything used by a patient suffering with this disease before it has been most thoroughly disinfected. Don't kiss anyone suffering with this disease. Beware! Germs of this disease often lurk in the lungs of the full, round, rosy, dimple-faced individual; as well as in the pale, anaemic and emaciated. Don't remain too long in a hot, poorly ventilated room with such a patient. If you must sit by the bedside, sit in such a position as to prevent the patient from coughing or breathing in your face. Sit so as to allow the air which enters the room to blow from you toward the patient. Don't use patent medicine.

The proper kind of food and the intervals at which it is taken play a most vital part in warding off this disease by repairing and sustaining your body. Adulterated food impoverishes the blood, lowers your vitality, and renders your system more susceptible to this disease. Frequent bathing is also an excellent safeguard. The pores of the skin are one of the chief ways by which the impurities of the body are eliminated. Bathing removes the germs from the surface of the skin, keeps the pores open; and acts as a tonic to the vascular and nervous system. A sufficient amount of sleep is another means of prevention. Carlyle said the lack of sleep is the tragical feature of a broken health; it is the chief nourishment in life's feast. We know that it is a great restorer of mind and body from the effects of fatigue; that as food is necessary for the repair of the grosser parts of the body, so is sleep absolutely essential to rest and repair the more delicate nerve supply. It is principally during sleep that all the tissues of the body repair themselves. An individual whom Nature has stinted in stature and strength if he conserve his energy by taking sufficient sleep, may accomplish his life's task and live out his allotted time; whereas the man upon whom Nature has lavished her greatest gifts of strength, of body and mind, who denies himself sufficient sleep, undermines his health and digs for himself a premature and untimely grave. While the physiology and psychology of sleep have remained so far beyond the full comprehension of scientific investigators, I firmly believe that if it were possible to persuade or force people to take a sufficient amount of it, the death-rate due to consumption alone would be reduced to one-half of what it is at present.

The proper kind of clothing is also a means of prevention. Thousands have died because they did not dress in keeping with climatic changes. Wearing summer clothes in winter, wet feet, leaving hot or warm rooms and going to cold ones without putting on additional clothing, have caused many people to contract colds which often paved the way for tuberculosis. Don't buy second-hand or cast-off clothes. It is dangerous to wear them unless they have been disinfected. Don't wear the clothes of father, mother, sister, or brother, if he or she died from this disease.

Physicians and other men of learning, by careful research and observation, discovered the causes and prevention of many diseases. This knowledge was classified and denominated hygienic science, which deals with the causes and prevention of disease in their relation to the preservation of health. The aim of this science is to prevent disease by furnishing the proper knowledge of the causes which underlie and conditionate the healthy organism. For self-protection, study this important and distinctive branch of science; teach it to your children by precept and example. The progress made in hygienic science warrants the assumption that now and henceforth a happier earthly existence and a longer life await the individual or race who obeys its teachings.

Nature's inexorable laws offer no palliation to the ignorant or disabled. We, therefore, as physicians must continue the campaign of popular education of the laity that was begun centuries ago, and you, the laity, must help in this cause by disseminating the knowledge you receive from us concerning the cause and prevention of tuberculosis.

Finally, this disease, to a great extent, can be prevented by living a moral life. Man, the most durable of God's creation, is yet the most delicate. Every immoral act is registered upon the soul and indicated upon the physical man. Wherever immorality stands out in bold relief, the victims of tuberculosis numerically increase, and the death-rate rapidly

multiplies. Immorality, clothed in its robe of deceit, robs man of his physical and mental strength and leaves him an easy prey for this terrible disease.

Oh! If I could command the millions of victims of this disease, who directly or indirectly contracted it through their immoral conduct, to return from their graves! Where is the artist with brush and paint whose hand could depict the scene on canvas? Where is the man or woman who could describe it in prose or poetry?

In looking forward to the time when the death-rate due to this disease shall be minimized through, and only through preventative measures, I can see no sign of the desired results unless our efforts are preceded by a revolution of the human character.

"There's the marble, there's the chisel;
Take them work them to thy will.
Thou alone canst shape the future;
Heaven give thee strength and skill."

CAUSES AND PREVENTION OF DEATH DURING ANESTHESIA

By JOHN W. MITCHELL, M. D., Professor Materia Medica and Therapeutics
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An anesthetic is any agent whose administration is capable of causing insensibility to pain and loss of consciousness. As *C.* and *E.* are generally considered the chief A., I shall confine my remarks to interesting features in their administration. Time was when patients who needed surgical interference were concerned most in the surgeon to operate. Today, the selection of the surgeon is left to the attending physician; in the selection of the anesthetizer the patient reserves a right to suggest, and rightfully too, those in whom he has confidence. I consider the most dangerous step in any major operation the administration of the A. Let the operator be one of greatest reputation and skill; let his operation be done with the strictest regard for asepsis and let his surgical technique be perfect and it counts for nothing if his patient dies without regaining consciousness. If the patient dies some days after the operation, the surgeon is excused, as "Mr. Jones had let it run on too long." If he dies during the operation, the anesthetizer is tagged and forever after is pointed out as "that old doctor A. who killed Mr. Jones."

Neither the discovery by Guthrie of chloroform in 1831 nor the discovery by Morton of ether in 1842 marked the beginning of the administration of drugs for their power to cause insensibility. Before those dates various methods and substances were employed. It is probable that primitive man employed digital compression of the carotids to produce anesthesia, and according to Hoffman this method was practiced by the ancient Assyrians before performing circumcision. Curiously enough the literal translation of the Greek and Russian terms for the carotid is "the artery of sleep." The early Egyptians employed a decoction of vegetable substances which they called "Mandragora" as an A. This substance closely resembles the plant Atropa Belladonna in action.

Coming to the fifteenth century, the method of producing insensibility to pain by the inhalation of the volatile principles of drugs, which had been handed down by tradition

NOTE—C., E., and A.: Chloroform, Ether, and Anesthetic

from the early ages, seems to have been revived by Hugo of Lucca, a Tuscan physician. He is described as "chief of a school of surgeons that treated wounds with wine, oakum and bandaging, with happy success." Theodoric, his son, who was a monk-physician, and practiced surgery, mentions, in 1490, a preparation used by his father which he calls "oleum de lateribus." This he describes as a most wonderful caustic, and a soporific which, by means of smelling alone, could put patients to sleep on occasion of painful operations which they were to suffer. The mixture was placed on a sponge in hot water, and then applied to the nostrils of the patient, and was called the "spongia somnifera." As oft as there shall be need of it, place this sponge in hot water for an hour and let it be applied to the nostrils of him who is to be operated on until he has fallen asleep, and so let the surgery be performed.

Other methods of producing insensibility were suggested in the eighteenth century, and the ancient method of compressing the carotids was revived. Compression of the nerves of the limb about to be removed was suggested. This was tried but the results could not be regarded as successful.

The first anesthesia resulting from nitrous oxid gas in this country was obtained by Colton in Hartford in 1844.

Probably the first published account of the use of *E.* as a medical agent was made by Morris of London in 1758. Its successful administration as an anesthetic, however, was not demonstrated until Morton, in 1846, placed it before the world. J. Marion Simms relates the following incident which happened in 1839: "A number of youths in Anderson, S. C., were exhilarating themselves one day with the seductive vapor of E. In their excitement they seized a young Negro who was watching their antics and compelled him to inhale the drug from a handkerchief which they held over his nose and mouth by main force. At first his struggles only added to their amusement, but they soon ceased as the boy became unconscious, stertorous and apparently dying. After an hour or two of anxiety on the part of the spectators, he, however revived, and was apparently no worse for his alarming experience."

The first surgical operation under *E.* was performed in 1846. It was on a young man and for a congenital vascular tumor of the neck. Dr. Bigelow remarked to a friend whom he met that day, "I have seen something today that will go round the world."

It *has* gone around the world, and were it not for its going human suffering would have continued untold. There stands in the public garden on Boston Commons a magnificent granite monument erected by one Thomas Lee in memory of the discovery of *E.* for the relief of human suffering—bearing on its east side the inscription, a quotation from Revelations, "Neither shall there be any more pain"

The next epoch-making event in the history of anesthesia was the discovery of *C.* The preparation itself had been known since 1820 but its anesthetic properties were not known until Samuel Guthrie in 1831 called attention to it.

Prior to the discovery of *C.* and *E.*, surgery was the dreaded specialty of medical practice. It is mainly due to these wonderful discoveries that the present day advances in surgery are appreciated. Operations which previously were unheard of are today undertaken and successfully performed. The administration of *C.* and *E.* is accomplished by allowing the patient to inhale the vapors of these substances from a suitable holder—cup, cone or funnel-shaped nose-piece in which is placed a piece of sponge, pledget of cotton, gauze or cork. The apex of the cone is left open that air may enter and cause rapid evaporation. *C.* and

E. are protoplasmic poisons of great intensity and no living substance is capable of withstanding the effects of their vapor if exposed for a sufficient time. The physiologic action of *C.* and *E.* is in a general way similar. The points of difference being as follows:

1. *C.* acts 35 to 50 times as powerfully as *E.* in paralyzing the heart.

2. *C.* is 3 to 5 times as depressant as *E.* to the medullary centers.

3. Anesthesia is produced with less difficulty and more powerfully with *C.* than with *E.* and the stage of excitement is of shorter duration.

4. *C.* can be given in a less concentrated form than *E.*, requiring only 3 parts to 97 parts of air, while *E.* requires 70 parts to 30 of air.

5. *C.* causes less irritation to the respiratory passages.

6. *C.* is less irritating to the kidneys.

7. *C.* is much more agreeable to take than *E.* causing less irritation and less feeling of suffocation.

8. *C.* is eliminated faster, *E.* leaves a lingering odor.

9. *C.* is less inflammable than *E.*, the latter should be given with caution in the vicinity of a naked flame.

In the administration of these substances the so-called "drop" method is to be preferred.

When death occurs during anesthesia it is a result of cardiac paralysis or respiratory fixation. It is a question much discussed as to which organ yields first in anesthesia—the heart or lungs. Special commissions have been appointed to investigate and determine. Some have concluded that death is due to cardiac failure, while others state respiratory failure. Personally, I agree with those who make a more general statement: when death occurs during anesthesia and the drug has been administered in small, gradual and long continued doses, the cause of death is respiratory failure; and that the only deaths which occur as a result of cardiac failure are in those cases in which the drug has been given in large, sudden and crowding doses. While some deaths during anesthesia may be recorded as "unavoidable," I consider all deaths in subjects free from organic diseases as direct results of carelessness and recklessness. As an anesthetizer, covering a period of fifteen years, I have yet to lose my first patient. I firmly believe deaths from anesthesia are avoidable. While I have never lost a patient, I have been forced to resort to every manner of means to prevent it—barring possibly the Kemp-Gardner massage method of stimulation. I have had the heart stop its beats and I have seen the lungs fail to act, yet, by active measures death has been avoided. With proper care in their administration *C.* and *E.* can be continued indefinitely.

I once gave a patient *E.* from 8 o'clock a. m. until 4 o'clock p. m. and she was under operation all that time. It is needless to say the patient died—not from the anesthesia, however, but from hemorrhage, the so-called "Surgical Shock."

The prevention of death during anesthesia is the treatment of anesthesia collapse. This treatment may be preventive or prophylactic, or it may be curative or antidotal. With strict attention to these preventive or prophylactic measures one may be saved the fright and hard fight caused by collapse. The following points should be observed in the administration of all anesthetics:

1. Make a physical examination of each candidate to ascertain condition of Heart, Lungs, Kidneys and Nervous System.

2. Give exclusive attention to the production of and maintenance of narcosis—you have nothing to do with the surgeons business.

3. The stomach should be empty—either wash out the stomach before operation or allow no food to be taken for several hours prior to the inhalation.

4. Remove all foreign bodies from the mouth to prevent choking.

5. The clothing must be loose enough to insure free breathing.

6. The head should be slightly elevated and the jaws held up to support the tongue.

7. Do not confine the vapor of the *A.*, but allow it to mix freely with the air.

8. Give the drug gradually as pushing is dangerous.

9. Watch the pulse and respiration.

10. The operation should not be begun until muscular relaxation is complete and the reflexes are abolished.

11. If the operation is about the face, see to it that no blood enters the air passages.

12. In the aged and infantile, give the drugs with caution, as there is danger of senile degeneration of the heart and lungs in the first, and delayed development in the latter.

13. Inasmuch as *C.* and *E.* are decomposed when exposed to an open flame, causing an irritation of the bronchi, and coughing, free ventilation should be furnished.

Having called your attention to the causes and preventive measures of *A.* collapse, I now direct you to the prevention of death resulting from toxic doses of those drugs used as general anesthetics.

The signs of Anesthesia collapse are few and distinct. They usually come without warning and make an impression which none but those who have experienced the sensation can appeciate. To combat this condition you must act quickly and heroically. You must not lose your nerve, else you lose your patient. As quickly as your patient collapses toss aside your cone and begin at once the Maas method of stimulation; this is done by the application of a series of compressions of the chest over the heart at the rate of 120 per minute. This creates an artificial carotid pulse, relieves the heart of distention and forces blood to the respiratory center. Artificial respiration must be practiced, the tongue being pulled forward with forceps to facilitate the ingress of air. Once the respiration and circulation are re-established, high rectal injections of hot salt solution and black coffee should be given to stimulate the heart. Invert the patient by hooking his knees over your shoulders or over the edge of a table, which stimulates the circulation by increasing the amount of blood to the parts. In order to be effective, these measures in some instances must be continued for hours. Never abandon such efforts until positive that life is extinct.

In addition to these mechanical means of restoring life it must not be forgotten that the hypodermic use of Atropia, Strychnine, Ammonia and Brandy, the free administration of compressed oxygen and the application of electricity over the cardiac area are highly recommended. Experience has taught me that the best thing to do is to use the measure which brings quickest results. To my mind drugs given hypodermically act too slowly. Individual susceptibility and tolerance make it impossible to obtain the physiologic effects of certain drugs in given cases.

SUMMARY:—

The production of Anesthesia is made easy by careful preparation of the patient; by cautiously administering the drugs and by giving the patient the benefit of your undivided attention during such administraion.

When collapse occurs think and act quickly; adopt such measures as will most promptly restore your patient—as artificial respiration, compressions of the chest-wall, and inverting the patient. These precautionary observances and the adoption of active restorative measures will make anesthesia less dreaded and insure against deaths due to their administration. Then can we say of all anesthetics as was said of Ether—"This also cometh forth from the Lord of hosts which is wonderful in counsel and excellent in working."

PELLAGRA: ITS HISTORY AND SYMPTOMATOLOGY

Two Cases by A. M. TOWNSEND, A. M., M. D., Professor of Pathology and Therapeutics in Meharry Medical College, Nashville, Tenn.

For the past few months, much has been said through current medical literature about a strange disease with strange manifestations. Physicians, especially throughout the Southern section of the country, are giving a deal of attention and study to this disease. Whether or not we are in position to make a positive diagnosis, from the history of "Pellagra" and its manifestations as it is now found prevalent in Italy and Spain, we can at least come to a conclusion which will serve as a basis for investigation and research, that we are confronted with a pseudo-pellagra or a pellagroid disease.

Pellagra may be defined as a systemic disease, characterized by marked intestinal symptoms, peculiar skin manifestations and trophoneurotic changes. The theorists differ as to the etiology of the disease. Some believe it is due to toxic substances found in decomposed and fermented maize. Some advocate the protozoan theory. By others it has been attributed to a miserable mode of life with insufficient nourishment, and still others deny that it is an independent form of disease. The burden of belief seems to be in favor of the maize theory. The history of the disease seems to follow the cultivation and distribution of the Zea-Mays. After all, it may be definitely ascertained when the light of research has revealed the facts in history, that the North American Continent is the original home of Pellagra.

Our first knowledge of maize dates back to a plant cultivated by the dark-hued natives found on the continent by Columbus, whom he named Indians. Mays was its native name in the Haitian Island language. It became known as Indian Maize. After its life-supporting properties to beast and man became known, the term Zea was given it, from Greek *zao*, to live. Hence we have Zea-Mays.

Through history we find that in the year 1600 Barnino described a condition, evidently pellagra, in the American Indian, and it was attributed to the eating of Indian corn. Maffei, in the same year noted that Indians who ate damaged corn had a peculiar weakness which was evidently pellagra.

After Barnino and Maffei, authors do not speak of this affection in men, but references are made to a condition existing in horses in Mexico which was characterized by the animal becoming paretic, tabetic, with loss of hair. The cause assigned for this condition was that the animal had eaten damaged corn. Later corn began to be cultivated in Spain, and the disease quickly followed, for in 1735 it was observed there by Casal. It is still prevalent in Spain as well as in North and Central Italy. Frappoli, physician to the hospital at Milan, observed the disease there and gave it its present name (*Pellis*, skin and *agra*, seizure.)

In 1848 Ballardini stated and demonstrated that pellagra was caused by eating damaged maize.

As stated by Journal of South Carolina Medical Association, the recorded history of pellagra in America seems to show that sporadic cases of the disease were recognizd in New York and Massachusetts asylums as far back as 1863 or 1864. At about the same time an epidemic of pellagra occurred at the asylum of Halifax, Nova Scotia The records of further cases of the disease are silent until this century. In 1902 two sporadic cases were reported in Georgia. In 1907 in Alabama, an epidemic of acute pellagra was reported. Per-

haps its prevalence among us has not been so marked because of the care taken in the harvesting and preservation of the corn.

Soon increased interest and special attention began to be given this disease, and in Columbia, South Carolina, in October, 1908, a called conference on p llagra was held. The subject was discussed in all its phases, and while no final conclusion was reached as to the origin, distribution and cure of the disease, yet the interchanging of observations and personal experiences with the disease served as a stimulus for further and more eager investigation of the malady.

About the time this conference was being held I had a strange case under observation and treatment, presenting a complex group of symptoms and conditions. I admit that I was at a loss as to diagnosis in this case. I called into consultation my esteemed and good friend, Dr. C. V. Roman, who is my senior in both many years and practical experience. 'Twas he who suggested to me that we tentatively make a diagnosis of pellagra. I had been treating the case symptomatically and giving arsenic, as I thought was indicated in such a type of skin disease. The patient did not improve but seemed gradually to grow worse. Acting upon the suggestion of my consultant, I began to look up the literature on the case. I searched text-book after text-book and found little to help me. I found enough, however, to believe that we were on the right track. And when the reports from the Columbian Conference came out, disclosing both the resemblances and differences to be found in the Italian and American varieties of pellagra, and by comparison of the manifestations of my case with cases reported there, I concluded that my case is worthy of consideration, and in the effort to establish the fact that pellagra does exist in our country, it would claim its place.

My investigation in this case referred to, brought to my mind another case I had under my treatment in 1907. I treated the case and death supervened, with myself and consulting physicians at sea as to diagnosis, which I now think must have been a case of pellagra. These two cases are the only cases I have seen since I have been engaged in the practice of medicine. The diarrhoea, the skin eruption, and the nervous disturbances, the three characteristic and prominent symptoms, were well marked in each of these cases. I acquiesce in the belief that this disease will be found to have been more prevalent in this country and particularly in the South, than has been thought.

Without offering any suggestion as to the etiology and pathology from memory and imperfect notes, I wish to cite the history of my two cases. Case I. It was on January 9, 1907, I was called to see this patient. A female, mulatto, aged about 32, married, had three children, of highly nervous family, and as to comforts of life, in good circumstances. She presented an anaemic appearance, much emaciated and very nervous. From the history given, she had always been a healthy, robust woman and very vigorous. I found her to be six months pregnant, and suffering with a bad form of diarrhoea. This diarrhoea began when she was two or three months pregnant. At first she paid slight attention to it, but later called in a physician who had been prescribing for her up till this time. Though not confined to bed, she had gradually lost flesh and strength, and the diarrhoea instead of yielding to treatment had constantly grown worse. In addition to this she had digestive disturbances. The stools were of a dark color. On the back of her hands, affecting most markedly the joints, was noted a peculiar eruption of a dirty, rough, dead looking color, somewhat desquamative in character. This same erup-

tion was noted on the elbows and dorsal surface of the feet. The eruption was symmetrical. I am unable to say how the eruption began for I did not see the condition in its early stage.

This patient was seen by several of my brother physicians, but none of us made a diagnosis, nor had we the remotest idea that perhaps it was a case of pellagra. No attempt was made to make a diagnosis of the peculiar skin eruption further than that "it is some form of skin disease."

As to the treatment of this patient, suffice it to say that she had every kind of treatment, both internal and external, that I or my consulting physicians could think of, but all without the slightest benefit.

An idea was entertained that perhaps the condition and especially the diarrhoea was influenced by the pregnancy. In consultation it was suggested, and agreed to by me, based upon that idea, that a premature delivery would benefit the patient. It was conclusive enough and reasonable also that the nutriment required by the child *in utero*, could certainly be used to maintain at least the strength of the patient, and if any way regeneration were possible, we would assist nature by reserving all the force we could.

Obtaining consent of her husband, on January 23, 1907, I removed her to a local infirmary, where under strict aseptic precautions, she was prematurely delivered of a well-developed and healthy looking child. For the first 48 hours after delivery it appeared as if her condition was going to be improved. No untoward symptoms followed as caused by the delivery. There were no evidences of sepsis. But she was melancholic and in a few days marked mental disturbances were noted. These disturbances continued and increased, and what I then thought was puerperal mania, I now believe to have been what we might term pellagrous insanity. My patient continued to grow worse, and on February 10, 1907, thinking that perhaps a change of scenes would be beneficial, I moved her back home. No improvement was made by the change. The skin eruptions as mentioned became darker, shriveled and scaly, the diarrhoea continued even worse, the emaciation was progressive, the symptoms of insanity alarmingly increased until finally on February 23, 1907, my patient died.

Case II—Mrs. J.—black, age 41, in humble circumstances. On July 12, 1908, I was called to see this patient, and found her confined to bed with an attack of gastro-enteritis, as I concluded. My attention was called to a peculiar skin eruption on the dorsal surface of the hands, but it received slight attention from me. I prescribed some kind of ointment for local treatment of this eruption. I attended this patient for a few days, and under ordinary treatment for diarrhoea she was much improved. Soon after, I was again summoned and I found that her convalescence had not been rapid, but she had been lingering. The diarrhoea had not continued so troublesome, but she showed signs of beginning loss of flesh and I noted the peculiar eruption on the hands had spread, affecting principally the joints of the hand and wrist, appearing darker and shriveled and scaly. She seemed very despondent over her condition and showed signs of melancholia. She complained of insomnia. Her appetite remained good. I assured her confidently that she would be all right soon, advised her to continue her treatment and left. Some time after this, I perchance, dropped in to see her and found her condition no better. I learned that in her state of melancholia she had been led to the conclusion that she had been "tricked," had consulted a "Hoodoo" doctor and been under his treatment. This doctor, she told me, had gotten some snakes out of her hands and back, and she felt now as if she

would soon be well again. I did not stop to argue with her, for one is merely losing time with such a person under such a belief. I bade her goodbye, and wished her well. On November 12, 1908, this patient again sent for me. I found her much more emaciated, the eruption was now observed on the back of the neck, extended further up the arms, and on the dorsal surfaces of the feet; the nervous manifestations were marked, she at times showing signs of dementia. The diarrhoea was not troubling her much. Making use of the confidence she had in me, I relieved her despondency as well as I could. I gave her in treatment everything indicated, giving arsenic principally. In fact, I kept her on arsenic, pushed to physiological limit, but despite all she grew worse and worse. It was at this point I called in my friend, Dr. Roman to whom I am indebted for the suggestion that perhaps I had a case of pellagra to deal with. This opinion was reached retrospectively, he having had a case of similar manifestations while engaged in general practice in Texas, and it was only after the attention of the profession had been drawn to the occurrence of pellagra in this country and reading the reports of similar cases, that it dawned upon him that he had also a case of pellagra.

This patient of mine continued to baffle all treatment, grew worse and worse, went completely insane, and died on December 23, 1908.

One thing I noted about the insanity of each one of these patients was that there were no pugnacious tendencies, but rather an exhibit of fatuous melancholy.

That pellagra or a pellagroid disease is now prevalent among us is no longer a doubt. At least we are confronted with a condition that presents a complex group of symptoms, entirely different upon careful observation, from anything seen in ordinary practice. A condition, the etiology of which is yet unsettled, the results from the treatment of which are unsatisfactory, in fact, the whole thing seems shrouded in mystery, even as much as was malaria before the discovery of the plasmodium.

It may yet be developed, who knows, since indeed the records show that even pellagra may exist with ut the skin eruption as an essential sign, that the degenerating dementias so common among us, and the chronic melancholia so troublesome to us, are but the results of the subtle ravages of this hitherto unrecognized guest in our midst.

Who knows but that retrospectively, it may yet be recognized and frankly admitted as a result of more intelligence and investigation of the problem before us, that under diagnosis of chronic diarrhoea, intestinal indigestion, melanosis, eczema, and the like, many cases have been seen, slightly regarded and dismissed, and slowly but surely our patient has passed beyond our reach, and we none the wiser?

THE STUDY OF THE EYE

Illustrated Popular Lecture at Walden University, January 29, 1909

By C. V. ROMAN, M. D.

There is a tendency among beginners in scientific investigation to flippancy, irreverence, egotism, or whatever you may call it, that all truly learned people deplore. They reason loosely, observe superficially and show an utter contempt for the conclusions of their predecessors or elder contemporaries. The confidence of youth and the caution of

old age are proverbial. The language is full of proverbs illustrating this fact.

"A little knowledge of philosophy inclineth men's hearts to atheism; but deep knowledge of philosophy leadeth men to God." (Bacon.)

"Fools rush in where angels fear to tread."

"A little knowledge is a dangerous thing."

It is a common thing to see people with a smattering in science declaring that science has destroyed all religion by explaining the mysteries of life and death and proving the hereafter impossible.

Now, every truly learned man knows that science, far from explaining the mysteries of life and the destiny of man, has shown that apparently, impenetrable mystery surrounds even the simplest thing.

Well might the poet say:

"Flower in the crannied wall,
I pluck you out of the crannies,
I hold you here, root and all, in my hand,
Little flower—but IF I could understand
What you are, root and all, and all in all,
I should know what God and man is."

Death has been called the "King of Terrors." Life may fitly be called the "King of Mysteries."

Did you ever notice an ox eating hay? Common sight indeed! Did the question ever occur to you, by what process does the hay become ox? The answer to that question, as the poet Tennyson said would tell you "what God and man is." The problem in its ultimate relations I believe to be unsolvable on our present plane of existence. Consciousness is as inscrutable as life itself. Every approach however, to the problem is interesting. When a child I sought the source of the branch that ran by our place. I found it in a spring by the hillside, but was just as much mystified to know where the spring came from. That is typical of man's search after truth. As he climbs the Mountain of Knowledge, the intellectual field of vision widens, but the horizon of Explanation recedes, and paradoxically the more one learns, the further he gets from knowing the secrets of life and death.

So, my friends, I am not going to try to EXPLAIN the Eye or Seeing, but simply to describe the workings and structure of the eye.

"The act of seeing was involved in the mystery with which all vital functions were in former times invested, until the great astronomer, Kepler, first recognized the fact that the eye is a camera, and, as such, is subject to the same physical laws as any other optical instrument. Images of external objects are formed by the eye exactly as they are formed by a photographer's apparatus; in the latter they fall upon a chemically sensitive plate, and are made permanent by the chemical changes induced by light; in the eye they fall upon the nervously sensitive retina and their impression is conveyed to the brain by the fibres of the optic nerve. To understand anything of the physiology of vision, it is necessary to have a general idea of the physics of light."

(Here the lecturer explained Light, Ray, Focus of Light, Refraction, etc.)

"Thus far the act of vision is a strictly physical process; the rays of light can be traced to the image on the retina as definitely and accurately as they can be followed to the screen of the magic-lantern or the plate of a photographer's camera. But beyond this point we find ourselves in the misty region of theory and speculation, and the something that enables the image to excite a sensation, and converts the sensation into a mental process— that involves thought and reason—like an ignis fatuus eludes the grasp of science. Prof. Tyndall says that science not only does not explain it, but does not even tend to explain it,

and that when we endeavor to pass from the phenomena of physics to those of thought we meet a problem which transcends any conceivable expression of the powers we now possess! We may think of the subject again, and again—it eludes all intellectual presentation—we stand at length, face to face with the incomprehensible." It must be remembered that, after all,

> " 'Tis the mind alone that sees and hears;
> All other things are deaf and blind."

But what is mind? Thus the study of the eye like every other line of investigation leads to the unexplainable and unanswerable. We cannot therefore, tell HOW we see any more than we can tell HOW we live. But we know what health is and how it may be preserved and life prolonged.

So we may study the eye profitably and learn much of its structure, use and preservation; even though we can never understand the mystery of vision nor Life's sacred Arcana. It does not matter what you study if you study it long enough, and thoroughly enough, you will become educated.

The eye is a small organ but its thorough study would cover the field of human knowledge. Let us note a few illustrations.

1. The study of the eye promotes modesty.

For instance, the dragon-fly had a bi-focal apparatus long before Franklin spectacles were worn by men. The knowledge of this fact might lessen the egotism of some spectacle wearers.

2. The study of the eye promotes morals.

The formation of the eyes of bees, for instance, is such that they must look upward to see their mates. The moral is quite obvious. If men always did the same thing, what a hustling to climb up there would be among the philandering maidens of "sweet sixteen" or more years.

3. The study of the eye encourages industry.

For instance, the best eyes among insects are found among those of most active habits. The predatory and active dragon-fly with his bi-focal apparatus is a good example.

4. The study of the eye teaches concentration.

Creatures having the most eyes usually have the poorest vision. The man that can do all things can do nothing well. "Jack of all trades, master of none."

5. The study of the eye encourages self-reliance.

Among the deep sea inhabitants the sedentary ones have no eyes (seemingly a philosophical adaptation to a region of perpetual darkness). Yet the migratory inhabitants of this very region not only have eyes, but the power of making a light—a triumph of energy over environment. A potent illustration of the power of self-reliance to overcome obstacles. "Find a way or make one," is the worldly wisdom to be learned from this scientific fact.

6. Study of the eye broadens the intellectual horizon and enables us to explain many apparently wonderful phenomena; ghosts; mirages; etc.

"Vision is possible even without a retinal image, for an excited or disordered brain may project some phantasm of its own conjuring, some 'dagger of the mind,' and see it as distinctly as if it were a tangible object; hence there have been many honest witnesses to impossible occurrences, whose falsehoods have been not moral, but purely physiological. Thus to the varied list of falsifiers we must add the physiological liar."

THE MODERN HOSPITAL: ITS CONSTRUCTION, ORGANIZATION AND MANAGEMENT

By Dr. N. F. MOSSELL, Organizer and Attending Surgeon to the Frederick Douglass Memorial Hospital, Philadelphia, Pennsylvania

In the preparation of this paper, I am largely indebted to Dr. Alfred J. Ochsner, Professor of Surgery, University of Illinois, Meyer J. Sturm and Edwin F. Bertolett, architects of Chicago and Philadelphia, respectively. I shall use many quotations from a very recent publication by Dr. Ochsner and architect Sturm.

Much discussion has gone on for long years and is still unsettled as to the origin of hospitals. Jews and Christians alike claiming the honor of having given them to mankind. The word hospital has its derivation from the Latin noun "hospes," meaning a host or guest. Here is an instance where it may be appropriately asked, "what is there in a name," since the investigation of ancient records establishes the fact that there were places or houses of refuge where the sick were detained and looked after long before the name of hospital was in use. It is very clear however that places or houses of refuge of some sort for the sick are nearly as old as man himself.

In a former writing I reiterated the fact that the sacred Scriptures furnish us with the earliest mention of any surgical operation. The operation of circumcision is the first surgical feat of which we have record. It must be said to the credit of the Ethiopian race that they were the first on record in the art of surgery. Physicians of this race having been called upon to do the operation of circumcision as far back as 1800 years before Christ. Patients were gathered in large numbers much to the convenience of these surgeons who traveled many miles to do these operations. Places of detention for these patients must have been provided.

In the eleventh century before Christ there was a college of physicians in Egypt who received public pay and were governed by laws as to the extent and nature of their practice. In Athens in the sixth century before Christ there existed physicians and dispensaries. Mention is made of one hospital, physicians were elected and paid by the citizens. The first military hospital of which we have any definite record was established during the reign of Hadrian in Rome 117 A. D. Asylums for the insane were first discovered among the Mohammedans.

Thus we see that the glory of Christianity does not lie in having been the first in organizing the idea of hospitals. There is glory enough, however, in the idea that through Christian influence together with the righteous impulses of the human heart the modern hospital has been carried forward until it is at present one if not the most central figure of our present civilization. The first distinct record of hospital buildings in England occurred during the life of Lanfranc, Archbishop of Canterbury, who in 1080 founded two hospitals, one for leprosy and one for ordinary diseases. It was in the eighteenth century that the great movement in the construction of hospitals began. There were as many as 50 hospitals established in England during this period and many thousands have been established since.

In Germany there were in 1900, 6,300 hospitals with 370,000 beds. Statistics show that in Prussia alone in 1900 there were 3,900 hospitals with 214,000 beds.

The first American hospital of sufficient prominence to deserve mention here was the Pennsylvania

Hospital of Philadelphia, established in 1755, by Dr. Thomas Bond and Benjamin Franklin. There has been within the last quarter of a century a great awakening in the construction and management of hospitals in all the leading countries of the world. America is taking the front rank in this march of improvement.

The increasing interest and the increasing demand have influenced thoughtful and skilled men to make the study of hospital construction a life work, and hence it is that the immediate future holds out to us results that were not even dreamed of in the past century. Much of the improvement in the construction of hospitals is due to our knowledge of the life history of bacteria and their relation to diseases. The influence of dampness and dust and the absence of sunlight in the development of these pathogenic organisms has led us to construct the modern hospital in a manner not to encourage the growth and development of these death-dealing germs. Our knowledge of infection and the germ origin of many diseases have influenced construction, causing builders to consider and study hygienic principles in all inhabited buildings, but more particularly those devoted to hospital use.

There are many other elements in our modern city life that have aided in the changes and improvement of hospital construction. The growth of enormous cities with economic conditions causing many of their inhabitants to become a public charge has added to these changes. "The element of safe, cheap and rapid transportation of patients by railroad trains, electric street railways, modern ambulances, and later perhaps the automobile ambulance will further influence this field. The possibility of constructing many storied buildings safely at a relatively small cost with perfect protection against fire has its effect."

"The introduction of hygienic plumbing is of great importance. The use of the elevator and the dumb waiter added another feature to the construction especially in large cities. The introduction of the trained nurse has affected every phase of hospital organization, construction and management. The element of competition perhaps more than any other factor is influencing the growth and construction of hospitals. The development of preventative medicine and the changes which are in progress in the sociological conditions in this country must add further features to the future history of matters pertaining to hospitals. All of these elements have been gaining in importance from year to year and they are also becoming more definite in their influence. ("Organization, Construction and Management of Hospitals"—Oschsner and Sturm).

We come now to consider from the standpoint of construction the kinds of hospitals that should be approved. Scarcely more than thirty years ago this subject began to be seriously considered so far as this country was concerned. It was then that Johns Hopkins Hospital was taken as a model and a collection of essays were published in 1875. These essays and this hospital were studied by all architects in this country and many others who were largely engaged in the construction of hospitals. The pavilion principle is here adopted, buildings of low structure scattered over a wide space of ground. And in this connection I have recently studied with considerable detail the excellent work of Dr. Ochsner and Architect Sturm published in 1907, giving the plans in detail of the best constructed hospitals in the world down to the close of their publication.

They have observed that during the past thirty years most of our theories concerning infection, contagion and hygiene have changed and that scientifically proven facts have taken

the place of theories and this is essentially true in the construction of hospitals. The Johns Hopkins Hospital of 1875 can no longer be used as a basis of hospital construction at the present time. As a results of more perfect fire proofing, the elimination of the element of street dust, the securing of sunlight in crowded centers, and as a matter of economy there is a strong tendency towards the construction of compact, many storied hospital buildings especially in the large cities of this country.

"Hospital architecture is only in its infacy. The evolution has but begun; modern appliances and methods of construction; the application of aseptic principles; the multitude of ever-increasing methods must be closely followed and used intelligently to the end that all hospitals shall be the best to serve their purpose now and in the future." ("Organization, Construction and Management of Hospitals"—Ochsner and Sturm).

Hospitals as a rule are built too quickly without time for deliberate planning and consideration as to exact construction. Architects are too often selected without special consideration as to their fitness or they are hampered in their ideas by limited funds in the hands of the promoters, or they are dominated by a hospital committee under the control of a chairman with selfish motives. If there be limited means it is far better to delay operations until such time as sufficient means are available to construct a suitable building, remembering that hospitals are constructed for all time and not for temporary use only.

Hospitals more than one story high should be of fire proof construction. It is a legislative requirement in many large cities that hospitals above two stories must be of approved fireproof construction, such requirements are entirely righteous and should be approved and enforced by every community. Since hospitals are essentially erected for the saving of life, every possible means at hand should be employed to this end. Those in authority are under moral obligation to safeguard the lives of the helpless inmates.

It is a notable fact, though much to be regretted, that in municipalities all over our broad land except in the largest cities there is little or no provision whatever made in the building laws for those in hospitals who are entirely helpless in case of fire. Though many of these cities have rigid laws for the fireproofing of theatres and office buildings. Of course there is a material difference in the cost of construction of a fireproof building and one of the ordinary sort.

A building, the Frederick Douglass Memorial Hospital, now in course of erection at Philadelphia, five stories high, 54 by 78 feet, for the accommodation of one hundred patients, is costing $100,000 including furnishings and equipment, or $1,000 per bed; the most recently constructed hospital in New York City, with four hundred fifty beds, costing $2,400 per bed; the Belgrave Hospital for children, the costliest hospital in England, built for the accommodation of seventy-eight patients at a cost of $3,500 per bed.

"One of the leading physicians and a superintendent of one of the largest hospitals in New York recently stated that in the analysis of increased cost he takes as the units which have contributed to this cost the difference in material; the greater space allowance per patient; protection against fire—that is, the substitution of fire-proof instead of inflammable building materials; the introduction of complicated heating and ventilating plants; automatic heating regulation; the use of electric light and power; the water supply; the equipment of laundry, refrigeration, kitchens and diet kitchens; the ward unity; the introduction of dressing rooms, anesthetizing rooms, sterilizing rooms, etc., with the surgical department; the matter of disinfection and sterilization; the consulting

rooms; the housing of the house staff; taking care of the nursing force, and the accommodation of the minor employees; the introduction of special departments, such as the X-ray departments and hydrotherapuetic department; the use in some hospitals of the outdoor department—the isolation wards and the branch hospitals for convalescents; these are the items that are responsible for the increased cost of hospital construction." ("Organization, Construction and Management of Hospitals."—Ochsner and Sturm).

HOSPITAL LOCATION

Quite as important as fire-proofing or convenience in construction is the question of location of hospitals. Most hospital locations are chosen because the particular site can be secured at small cost, or it may be at no cost at all—someone having donated it, or the choice may be entirely due to a selfish motive, either that one member of the committee wishes to get rid of a certain lot of ground, or that a member of the staff wishes the hospital close to his residence. Attempt should be made to secure the following conditions in locating every hospital: *First*—Accessibility for patients, visitors and the medical staff. Nothing is more certain to cause poor service in a hospital than to have it located at an ill-convenient distance from the physicians who are expected to give it free service, for it means nothing less than that much of the very necessary oversight of patients will be left in the hands of inexperienced residents. *Second*—The building should be so located and constructed as to insure abundance of sunlight. "Second only to air is light and sunshine essential for growth and health, and it is one of nature's most powerful assistants in enabling the body to throw off conditions which are called disease. Not only daylight but sunlight; indeed fresh air must be sun-warmed, sun-penetrated air. The sunshine of a December day has been recently known to kill germs of anthrax bacillus." (Galton—"Healthy Hospitals.")

Third—Absence of noise. It is said that nine-tenths of all the large hospitals in most American cities are located directly upon one or two street car tracks or within two blocks of the steam railway. *Fourth*—Absence from dust and smoke. Recent investigation and especially into the subject of tuberculosis has added greatly to our dread of contagion from street dust. In every city there are streets comparatively little used such as will secure the necessary absence from dust as well as noise, but if a lot of sufficient size is secured trees may be planted and will act as natural filters catching most of the dust from the street. In a hilly town a high knoll can be found where not only much of the street dust will be avoided, but pure air and better ventilation will be secured.

VENTILATION

The relation of ventilation to vital energy is of the greatest importance, more important than food itself is air; pure unprebreathed air. Food is only taken at intervals, but air must be had at every breath. The hospital wards must be so constructed as to be continuously filled with fresh air. The most simple method of ventilation is the best and this is by means of windows and doors and plenty of them. Any other method can only be a substitute for natural ventilation.

Unfortunately the natural method of open windows and open doors can only be resorted to a portion of the year. During other seasons artificial warmth must be maintained in the building, outside cold must be excluded and as air in its natural condition cannot be admitted without also admitting cold, a limitation must be placed upon the air supplied and therefore upon the ventilation. To meet this condition ingenious methods have been invented of forcing cold air by means of elec-

tric fans over heated steam and hot water pipes. There are also many other methods of heating cold air for ventilation purposes, none, however, are entirely satisfactory.

PLUMBING

Sanitarily considered is of the gravest importance and especially to a hospital. Drainage pipes and vent flues in connection with slop hoppers and cess-pools are no longer the result of guess work but are proportioned in size by exact measurements as to the work to be put upon them. The old method of enclosing all fixtures, such as lavatories, closets, sinks, etc., with wood and having them placed in the darkest and most poorly ventilated corners, has given way to modern methods of light and most complete ventilation.

In fact the modern system of plumbing is becoming an exact scientific reality; yet correct sanitary regulations are not enforced in any municipalities. Many cities have abundance of well-meant laws on plumbing and sanitary construction but are burdened with ignorant office-holders who know little and care less about their enforcement. It will be seen from this that it is not safe or expedient to rely upon state or municipal laws for the essentials of good plumbing. Many are the hospitals by reason of bad plumbing that have become converted into veritable death-traps instead of sanitariums. The hospital architect fully abreast in the latest sanitary science must be relied upon to protect us from these evils.

HEATING

The system of heating will be modified or governed by the section of country in which the hospital is located. In the Northern section of our country steam heat is believed to give the greatest satisfaction and has the greatest range of usefulness. While in certain Southern sections the open fireplace will be found to give sufficient heat for practical purposes in the wards and in the meantime aiding greatly in the matter of ventilation.

ORGANIZATION AND MANAGEMENT

of hospitals will, to considerable extent, vary according to the sources of authority that give birth to the institution and the scope of work to be done. For example, a hospital under state or city control will of necessity be organized quite differently from one that has come into existence through a church organization, a medical school, a fraternal association or a private corporation. It is not my purpose to discuss in detail these variations, but rather to outline in brief the principles that should be adopted in the management of the average hospital and by experience have shown to give the best results.

The first step in the formation of the organization is the selection of a board of directors, governors or trustees, as they are variously designated. It is of the greatest importance that the membership of the board of directors be kept within a relatively small number; nine, fifteen and in no event more than twenty-one. The plan that has been adopted in many hospitals of creating a very large board with the hope of thus increasing public interest and influencing donations has almost invariably failed of its purpose. There is never enough work to keep each one permanently interested, but the plan is sure to terminate in misunderstandings with great risk of disintegration. Small boards can be better selected from a standpoint of efficiency, each member having had much business experience with reputation in the community for probity and public spiritedness. Co-operative and auxiliary boards having no connection with the executive work of the institution will equally well enlist the good-will of large numbers in the community and at the same time avoid the evils mentioned.

It is much to be preferred that members of the board be selected who have in part if not entirely retired from active business; men who have some time free to give to the interests of the institution. Hospitals will not run themselves, they need the same oversight and care that should be given to any other successful business enterprise, and will just as surely suffer if they do not receive careful attention. The method of election of members to the board is of the greatest importance; the method adopted should be one that will permit of the retention of the useful members indefinitely and at the same time allowing the board to relieve itself of worthless and inactive members without friction. The plan that will accomplish this best is what is known as the self-perpetuating method, that is, the board elects its successors, this not being left to be done by an independent corporation. If, for example, there are 15 members, five can be elected each year to serve for a term of three years, making it an easy matter for the board to elect the same members over or place new names in nomination to take the place of those who are inactive and fail to attend the regular meetings.

In case a community or a people find themselves without a sufficient number of men of leisure and ability to direct an institution, I believe it to be a decided advantage to add two or three women of sober age and ripe experience. In nearly every community two or three women of this type can be found without difficulty, women not given to gossip or fashion, entirely lovable characters whom the whole community admires and respects. I say two or three such women are a valuable accession to the Board of Directors of any hospital, and in addition they readily form the centre of attraction around which the most valuable auxiliary organizations of women can be made.

The Board of Directors having thus been formed the work of organization is still continued in the selection and appointment of heads of various departments, selecting each person for the position to be filled because of his or her special fitness, thus placing each department under the head of one who is to be entirely responsible for the proper conduct of the department. Having secured qualified heads for the various departments, it is important to have the organization so complete that there can be no doubt concerning the line of authority. Ultimate control especially in case of friction should of course always rest with the Board of Directors.

The organization and management of hospitals in small communities where the people are poor and without experience in charitable and benevolent instutional work is fraught with the greatest of difficulties. For one without experience to the contrary, the ideal arrangement in such a case would seem to be a combination between all the reputable physicians located in the town and all the leading citizens in the management of the enterprise, but experience has shown that local jealousies first between the physicians and finally extending to the private patients and sympathizers of those who are disgruntled is sure to greatly hamper the work of the institution if not disrupt it.

It is my experience and belief that if a community has not sufficient laymen of leisure, public spirit and business experience to assume the duties of managing a hospital with the co-operation of one or not more than two of the local physicians as medical advisers, it is far better that the hospital in that community or village remain the private enterprise of one physician.

MEDICAL AND SURGICAL STAFF

The selection of a staff of a hospital is one of the most difficult tasks imaginable and particularly

so in a small town. The physician whom the community would select if it were left to them to direct the medical force of a hospital is most often least qualified for such duties. The practice of medicine is to so great an extent a personal matter that physicians with the largest practice are many times least inclined and the least prepared to tax themselves with public institutional work. Many men with most excellent reputations as practitioners are little less than useless when it comes to scientific exactness and a proper system so necessary in organizing assistants and directing the work of a hospital.

Too often the hospital directors will elect a physician to the head of the staff because he has political pull with some city or state official or because he is an influential member of some church or society, or because he is a prominent member of the staff of another hospital in the same city.

The evils of the first three conditions are too apparent to deserve serious discussion here. As to the physician secured from the neighboring hospital the managers are apt to find that while they have his presence, his real interest is with the older institution, that he has accepted the dual position to close out competition or it may be that he feels accepting the position brings advantage to him from the standpoint of legitimate advertising. The burden of experience seems to be with the idea that it is wise to confine each member of the staff to work in the one institution, in this way only can the institution obtain the entire influence and energy of the physician.

After organization, new members of the staff should always be selected by the Board of Directors from physicians who have been recommended for the vacancies by the existing staff, this will insure harmony, the thing always necessary to success.

Harmony cannot exist in any staff of physicians made up of Eclectics, Homeopaths and Regulars; nor does such practice redown to the best good of the patients in such a hospital. No medical director on earth could be many-sided enough to successfully direct the work of an institution based upon such a conglomeration of theories.

From all that we have said I think we are prepared to outline the following as the very best rules of practice in the appointment of the hospital staff: The chief of staff or medical director shall first be selected by the Board of Directors, a conference between him and the directors follows when the heads of the more important departments of surgery, medicine and obstetrics are obtained, this forming the nucleus of the medical staff. The medical director is then expected to organize the service in general. The head of each department organizes his own service and reports to the medical director, and the medical director secures the co-operation of the staff and reports the whole to the Board of Managers.

Hospitals in large cities with limited patronage depending upon a particular race variety require much the same management as hospitals in smaller towns. It is difficult to set out any hard and fast rules as to the exact details in management. It will be found that of such institutions as have been most prosperous success can be attributed to the fact that the hospital has at least one physician or surgeon of unusual qualifications. This need not mean that he is either a great physician or a great surgeon possessing great skill or learning. His unusual qualifications may be largely personal, such as tact, energy attractive personality, perseverance, self-sacrifice and hopefulness; he must of necessity be more largely endowed with these qualifications than the ordinary man.

INTERNES

The service of the interne or resident physician is worthy of special mention. The term of service of resident physicians in most American hospitals is limited to one year. The repeated changes made necessary by this system constitute one of the weakest links in our hospital management. This is overcome in many European institutions by having a paid service of permanency. Most of our large hospitals secure their internes through a competitive examination, this after all brings but little gain to the institution except that the interne secured knows a little more of the theory than the one who fails. By the time he becomes of real value to the hospital so that the attending staff can depend upon him for the most trifling thing above the ordinary, his service has expired.

This difficulty is overcome in a number of small hospitals in another way. In place of securing a resident physician they secure a chief nurse of experience and ability and the duties that usually come to the resident physician are taken up by her with decidedly more satisfaction for the service is vastly better than that of a young graduate in medicine.

THE TRAINING OF NURSES

The organization of the training schools for nurses as at present understood is of recent birth and belongs essentially to the modern hospital. The first training school in England was established in connection with the Guy's Hospital in 1840, and the first one in the United States was begun in Bellevue Hospital, New York, in 1873. The most important point in the organization of a training school is the securing of a competent head of the department and this is most particularly difficult in small hospitals because they are not able to pay the amount of salary that such a person commands. A competent superintendent of nurses will command from $75 to $150 per month. A thoroughly prepared superintendent of nurses is one who has had experience. It is quite useless to expect in a young graduate the qualities necessary for success. It matters not how brilliant nor what her attainments may be she must have had actual experience in similar work. *First*, she needs unlimited enthusiasm for the work with entire confidence in the ability and skill of the physicians in charge; *second*, a thorough education; *third*, executive ability; *fourth*, experience. In addition to these sterner qualities it is well that she should have a goodly supply of those other God-given virtues that make women fascinating and attractive.

Since we must have a nurse who has had experience, it is decidedly best to select a nurse who has acted as superintendent in a small hospital or one who has acted as assistant superintendent in a large one. That superintendent is not the ideal one who directs the work of her nurses from her private room, being seldom seen in the wards, in the nurse's home or in their dining room except on brief visits of inspection. Class-room work alone is not sufficient; she must inspire the nurses with her enthusiasm and influence by friendly encouragement at the bedside and in all departments of their work.

Having secured such a superintendent the whole department should be under her control. She should arrange the course of lectures, recitations and examinations. Unless a hospital has more than 60 patients the competent superintendent will not require an assistant. If there are as many as 100 beds the hospital should also have a night assistant superintendent. A hospital carrying a predominance of chronic cases will not require as many nurses to conduct the service as a hospital for acute diseases only. It is estimated that one nurse to five beds is sufficient in chronic cases,

whereas it will require one nurse to three patients with acute diseases.

The preliminary training for nurses should be sufficient to enable them to appreciate and comprehend the lectures to be given. A high school certificate or an education sufficient to be considered an equivalent should be exacted. A boisterous, loud-mouth, coarse woman, it matters not what literary attainments may be claimed for her, should not be allowed within speaking distance of a training school for she is an abomination. A woman lacking in honesty should be absolutely disqualified for the work.

The course of study should not be less than two years. A three years' course should be maintained in the larger hospitals wherein a greater variety of work will justify it. Any training school at the expense of its didactic course that fails to give its pupil nurses a full and graded lecture course does a great injustice to its graduates.

There is much more that I would like to consider with you if time would permit, and especially in relation to the finance of hospitals, but I must close with this observation—that the enormous multiplication of hospitals seems to be bringing us nearer and nearer to that goal of socialism when all the sick and especially the poor will be cared for in public institutions, and the private physician not connected with a hospital will soon have little or no practice.—Read before the National Medical Association, August 25, 1908.

NEWS ITEMS

A neat illustrated pamphlet entitled, "Meharry Medical College, Walden University, Nashville, Tenn. Its History, Work and Needs," has just been issued by the venerable and progressive dean of that celebrated school.

The Editor-in-Chief had a very pleasant visit to Chattanooga in February. He was the guest of The Lookout Medical Society of that city. This society is one of the most thriving of our local organizations.

A good deal of successful surgery is being done at Mercy Hospital and The Wilson Infirmary of Nashville and The Home Infirmary of Clarksville, Tennessee. Dr. F. A. Stewart, Prof. of Surgery of Meharry Medical College, Dr J. T. Wilson, Clinical teacher in the same institution, and Dr. R. T. Burt, President State Medical Association are the gentlemen mainly responsible for this delightful evidence of the skill of colored surgeons.

The students of Walden University enjoyed very much a popular lecture on the Eye by Dr. C. V. Roman, Prof., Diseases of Eye, Ear, Nose and Throat. Meharry Medical College. Abstract of lecture appears elsewhere in this issue.

The Editor of the Journal spent several days at Tuskegee Institute during the later part of April with the Associate Editor conferring with him on the best means of pushing the Journal and making it do the most good. During his visit he also conducted a clinic for the benefit of those who were in need of special treatment on the eye, ear, nose and throat.

We are in receipt of a money order for $4.50 with a list of nine cash subscribers for the Journal from the city of Mobile, Ala. We are indebted to Dr. G. H. Wilkerson, ex-president of the Alabama Medical, Dental, and Pharmacentical Association for this evidence of interest in the Journal.

The indictment for murder of three colored physicians of Nashville shows some of the inscrutable and serpentine ways of the law. The facts briefly are: A young physician was called to the case of a sick child and prescribed for same. Druggist pronounced the prescription dangerous but finally filled it after warning the messenger of its danger. Patient did not do so well and another physician, more experienced but a friend to the first man was called. He endorsed the treatment without investigation and advised them to follow instructions. Some days later they were both displaced for a third physician who knew nothing of the other two doctors until a day or two after he was attending the patient and pronounced the case hopeless. Thoroughly convinced that the child's death was in no wise due to the medicine, he sought to make peac · and protect the younger man's reputation. A waiving of charges settled the case until a lawyer scenting a fee informed the mother that the second and third doctors had money and she could get some. Grand Jury investigation and indictments as above. How any indictment for murder could be found from the facts is beyond our comprehension, especially of number three who knew absolutely nothing of the case until it was over. Is it possible that dark skins may befog the eyes of justice?

We are in receipt of a letter from Dr. J. A. Robinson of Darlington, S. C., containing money order for $8. 50 in payment for 17 cash subscriptions to the Journal. This gives us 23 subscriptions from the state of South Carolina and 27 from the state of Alabama. If the other states would fall in line and do proportionately as well, we should soon be able to put the Journal on a self-sustaining basis.

The following comes to us in the letter from T. E. A. McCurdy, M D., Secretary of the Local Committee of the National Medical Association in Boston: "The work of entertaining the convention is progressing nicely. Several clubs have been organized, and a large citizens' committee, and all have reported progress. The Committee on Hospitals and Clinics also has some pleasant surprises in store for next August. Everything is progressing nicely."

During the month of March the Associate Editor spent several days in South Carolina and while on this visit he had the opportunity of meeting with a great many of the physicians of that state and no opportunity was lost in putting before them the work of the National Medical Association and seeking members, also subscribers for the Journal. Several cities and towns were visited and the physicians in the state are found to be very progressive and really abreast of the times. Much interest was evinced in the National Association and the prospects are that a good delegation will go from this state to the meeting in Boston in August.

The Editors very much regret the errors that appeared in the last number of the Journal, the mis-spelling of the word "Ethnic" on the title page and the insertion of the word "and" in the title of Dr. Roman's paper being particularly annoying. Our attention has also been called to the fact that the report from Rhode Island made at the meeting of the Association in New York last August was rendered by Dr. W. H. Higgins, but by some mistake was credited to Dr. M. A. Van Horne. We are glad to make these corrections.

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Articles intended for publication in The Journal should be sent to the Editor-in-Chief, except the departmental matters, which, of course, will go to the Editors of the respective departments.

EDITORIAL STAFF—C. V. Roman, M. D., Nashville, Tenn., Editor-in-Chief; J. A. Kenney, M. D., Tuskegee Institute, Ala., Associate Editor; W. G. Alexander, M. D., Orange, N. J., Business Manager; W. S. Lofton, D. D. S., Washington, D. C., Dental Editor; Amanda V. Gray, Phar. D., Washington, D. C., Pharmaceutical Editor.

THIS cut represents the official emblem button of our organization, made in rolled plate quality hard enameled with blue background, price seventy-five cents each. After a great deal of hard labor on the part of the Button Committee these buttons have been secured by the Association and each member is requested to purchase one. They may be procured from the General Secretary on receipt of price.

The Mississippi Medical and Surgical Association met in its annual session at Jackson, Mississippi, April 20th. The meeting was an enthusiastic one and much good resulted to the profession in Mississippi. The Editor of the Journal together with Dr. G. C. Hall of Chicago and Dr. Willis E. Sterrs of Decatur, Alabama, were visiting guests. The Journal was adopted as the official organ of the Society and the members pledged themselves to its support. President Attaway was re-elected and an able corps of assistants was selected. Dr. Sherrod of Meridian was chosen as public lecturer on Hygiene and Sanitation, and Hattiesburg was selected as the next place of meeting. A banquet was tendered the Association by the citizens and local physicians of Jackson. It was indeed an excellent affair. The Editor, while in Mississippi, visited Vicksburg, Greenville, Greenwood and Meridian, meeting many old friends and graduates of his Alma Mater who made it quite pleasant for him and to whom thanks are hereby tendered for the support promised the Journal.

It appears to us that the article by Dr. E. Elliott Rawlins in the April number of the Colored American Magazine under the caption, "Wanted: A Negro Hospital in New York City," is timely and worthy of mature thought by every Negro citizen in New York and especially the physicians. It has always seemed to us rather an anomaly that in this great city of boundless wealth, opportunity, and resources there is not a hospital whose doors are open to the Negro physician and surgeon. This accounts for the fact that New York, while having a large number of capable, well educated, scientific physicians, has not one man to whom we may point as having won distinction in surgery. This is to be regretted and we hope soon to be remedied. New York needs a hospital whose front doors (and not side

entrances) are open to Negro patients and physicians. I believe the Negro physicians are best calculated to treat Negro patients in New York as well as in Nashville, Tenn., or Birmingham, Ala., or Dallas, Texas. And while appreciating the tenderness, sympathy, and kindly care taken of Negro patients by *some* white nurses, the fact remains the same that the Negro nurse, on the whole, is the one best adapted to work shoulder to shoulder with the Negro physician in the care of Negro patients. It is needless for our brethren in the North to longer hide behind the mantle of inactivity and continue to say that these things are needless—they inject the race question—they draw the color line. Not so. The race question is already injected in the North as well as in the South. The color line is already drawn, and with such a heavy, dark stroke as to not be unrecognized. New York has recognized the need of Negro newspapers, Negro Medical Societies and Negro Nurses' Associations and unless we misjudge the pointing of the finger of time she will soon appreciate the need of a Negro hospital. The White North and the White South are closer together today on the race question than ever before, and we hold that the Negro North and the Negro South, while appreciating their individual advantages and making the most of them, should also, in a general way, get together and make "one strong pull, one long pull, one pull all together" up the steep hill of national progress. Chicago, we believe to be, or certainly has been, more liberal especially on the color question than New York. Yet she has her Provident. Philadelphia has her Douglass and Mercy, Washington has its Freedmens and even distant Boston has recognized the need and made a noble effort with its Plymouth. In all these we take pride. Another fact goes hand in hand with the above. These cities that have enjoyed the best hospital facilities furnish us our leading surgeons. This is quite natural for modern surgery must be developed in hospitals. Let New York now fall in line with a hospital controlled by Negroes, with a Negro staff, and in a few years we may point to an eminent Negro surgeon among her distinguished physicians.

ALCOHOL

Physiologic experimentation seems to have established firmly upon a scientific basis the following propositions in reference to the effects of alcoholic beverages on the human system:

1. "Unlike an ordinary food, alcohol, when taken in moderate quantity on an empty stomach, has two distinct effects on the muscular system—a strengthening one and a weakening one. During the first brief stage after it is taken, the strengthening effect predominates, the alcohol probably being utilized as a food by the exhausted body. But no sooner is the first stage over, than the weakening effect becomes prominent, the alcohol probably acting injuriously upon the nervous system."

2. "Moderate amounts of alcohol taken with a meal effect a very considerable lowering of the capacity for doing muscular work. The widespread notion that moderate drinking with meals helps a laborer do his work, is false."

3. "Moderate drinking retards to a very considerable extent the activities of life that are intermediate in complexity between purely muscular and psychical work. The widespread notion that a drink 'braces one up' and makes one do such work faster, is false."

4. "Moderate drinking reduces considerably an artisan's efficiency. Its effect is cumulative and the losses caused by its increase as time goes on. The widespread notion

that moderate drinking helps an artisan in his daily work is false."

5. "Moderate daily drinking reduces considerably the rapidity with which habitual association of ideas are formed in the mind. The effect of alcohol is cumulative, and increases rapidly as time goes on. The notion that alcohol 'stimulates' a person to his mental work is surely not corroborated by facts."

6. "Free associations of ideas are affected by moderate daily drinking even more than the simpler habitual associations. The effect of alcohol on free association of ideas is cumulative."

7. "Ordinary memorizing is greatly retarded under the influence of moderate daily drinking. This conclusion is entirely corroborated by a set of 27 experiments carried out by A. Smith in 1895."

Statistical investigation into the etiology of insanity seems to warrant the conclusion that "throughout the western world, one out of four men admitted to an insane asylum is brought there by alcohol."

The eleventh annual session of the National Medical Association will be held in Boston, Mass., August, 24 25 and 26, 1909.

The National Medical Association composed of the leading physicians, surgeons, dentists and pharmacists, which will meet in Boston the latter part of August, promises to bring together a galaxy of Negro men and women who stand out pre-eminently in the very forefront of medical science in this country. In this splendid assemblage of scientific men and women practically every state in the Union will be represented by some of its leading citizens, not only from a medical point of view, but from a moral, economic and pecuniary as well. This society stands for the very highest ideals in professional ethics, and it is gratifying to know that its membership is composed of the very best material within the race. A very large and interesting meeting is anticipated and we believe the Boston doctors will spare no means in order to make this meeting the "best ever had."—The Advance, Providence, R. I.

We are very sorry that lack of space prevents our giving full reports of several state medical meetings which have recently been held. Some of these reports are already in hand and others are being prepared, several of the states have had very successful meetings. On April 14th, the Alabama Medical, Dental and Pharmaceutical Association held its meeting in Selma which was very successful. On April 20th, the meeting of the Mississippi State Medical Association was held in Jackson, and in the latter part of April the South Carolina State Association met in Columbia. The reports are that all of these were well attended and very interesting. On May 4th, the Georgia State Society held its meeting in the city of Augusta, and it is reported that it was the most successful in its history. On May 12th, the Louisiana Medical Association met in the city of Alexandria, La. Reports of all these will be published in the next issue of the Journal. We have been in close touch with each of these state meetings and it is very gratifying to note the progress we are making in this respect.

The Secretary of the Association desires that attention be called to the fact that our membership roll is not complete—that some names and addresses have been omitted, and he is asking through these columns that this mistake may be corrected by any member, whose name or complete address did not appear in the first issue, sending same to the Secretary.

NOT WHOLLY MEDICAL

The writer is a professor in a medical college and has to deal with the junior and senior classes.

Noticing that some or the students were not paying close attention to the subject under discussion, the lecturer stopped and told this story about Mark Twain:

In his youth Mark Twain desired to become a pilot on the Mississippi River, so he joined himself to an old pilot on that river. All day long they rode in the pilot house together; the old man pointing out with distinctness each stop and giving names; Jones' Creek, Smith's Landing, Johnson's Ferry, etc.

Next morning after breakfast the old man began to quiz his protege, "What was the first place we passed yesterday?" he asked. "I don't know," replied the astonished youth. "Well, what was the next?" asked the pilot. "I don't know," again Mark replied. "See here," said the old pilot, "what do you reckon I been telling you all that for?" "I thought you were just talking to be sociable," replied the unsophisticated but unabashed youth.

When the laughter had subsided the lecturer applied his story thus:

Some of you may think I am just talking to be sociable but these things will come up in your college examinations, up in your State Board, up in your practice.

It was a centre shot and hit the mark squarely, thereafter throughout the course when the lecturer came upon something he wished the students to note carefully he would often say with a smile, "That is Jones' Creek," or "This is Johnson's Ferry." The ripple of laughter that followed showed that a point that all understood had been made. At least so the professor thought, but appearances are often deceiving as the sequel showed.

In the final examination for the junior class appeared this question: "What defects of eyesight may be remedied by glasses?" One answer read: "Myopia and disease of Johnson's Ferry."

"ART THOU IN HEALTH, MY BROTHER?"

"And Joab said to Amasa, Art thou in health, my brother? And Joab took Amasa by the beard with the right hand to kiss him. But Amasa took no heed to the sword that was in Joab's hand; so he smote him therewith in the fifth rib." (II Sam. 20:9-10.)

"History repeats itself," says the proverb and this bit of Jewish history is forcibly if figuratively illustrated by the editor of The Southern Medical Journal in his editorial discussion of "The Negro as a Factor in the Work of Preventive Medicine in the South." (Vol. I. No. 6.) The author says, "nothing said in this article can be construed as an attack upon the Negro," in the first sentence; and in the next avers, "after nearly a half century of freedom, the large bulk of the Negro population, notwithstanding the expenditure of thousands of dollars for his betterment, is still without patriotism or pride, and even education has done but little to improve his morals or impress upon him the importance of proper rules of sanitation and hygiene for the preservation of his health. While a few of his race have by superior intelligence impressed the world with the possibility of his education, it must not be presumed that they represent the true type of the Southern Negro as a whole, careless and indifferent in all matters moral and physical." After declaring the Negro's "carelessness and indifference to the welfare of others," coupled with his well known susceptibility to various infections, especially that of tuberculosis, to be a great burden to the South, he continues:

"The Negro as a race is indifferent to the modern laws of hygiene and

sanitation, and are so improvident that they care but little what tomorrow may bring forth at once impress the thinking men with the fact that he is a barrier to the success of the crusade now being waged against that terrible scourge. Poorly fed, lazy, and without ambition, they live in filth and degradation, with little idea as to their future, with constitutions weakened by immoral practices, badly clothed and poorly fed, hiding among themselves any source of infection from the proper authorities, whether it be consumption, smallpox, or any other infection. They are, to say the least, a menace to the health of the people who have made many sacrifices for their comfort and their upbuilding."

It is unfortunate that so many speakers and writers of both races persist in looking upon the other race as the source of all their woes. The white man is not the sole obstruction in the Negro's pathway to civic equality and justice; nor is the Negro the sole or even the chief obstacle to the white man's attaining perfection, either physical, intellectual or moral. Poverty, idleness, injustice, immorality, ignorance and disease are problems that vex society everywhere, and the effort to make them appear as peculiar phases of the race question in the South is both inaccurate and unjust: inaccurate because it gives questions that are purely economic and ethnic coloring and makes universal problems appear as Negro problems; unjust because it alienates from a struggling people the sympathy that a just cause should command, and intensifies racial antipathies by making frailties that are human and universal appear as hideous Negro vices.

PROFESSIONAL SECRECY

The responsibility of the doctor in deciding the privileges of professional secrecy is thus raised by Dr. Richard Arthur in the Australian Medical Gazette, December 22, 1908.

The incidents of fiction have usually their counterpart in real life, and I have lately come across a case which calls to mind Joseph Conrad's clever psychological study called, "The End of the Tether." As many of your readers may remember, this is the story of an old sea captain who becomes blind, but who continues to navigate his vessel with the aid of his Malay boatswain, in order that he may support a daughter married to an invalid husband.

The case I refer to is that of a middle-aged man who called on me and stated that his vision was becoming defective. On examination I found that he had V 2–60 in right eye, and about 6–36 in left. The defect was due to the commencing cataract. In addition, he had a marked monocular diplopia in the left eye, so that everything at a distance was seen double. There had been a similar diplopia in the right eye, but this had disappeared some time ago, as the vision grew worse.

The diplopia was made to disappear and the vision improved in the left eye by a—3 cyl. ax. 90° lens, but, of course, this benefit will only be temporary.

The point I wish to emphasize is that the patient informed me that he was a sea captain, and though he had not been acting as such for some time, he intended to take on the command of a ship again. I urged upon him that this was an exceedingly grave responsibility, which, in the state of his eyesight, he was not justified in accepting, but to no avail. He stated that he could get on all right, and that the officers under him could be relied on to maintain an efficient watch. Now, if it is possible for this man to get command of a ship, it points to a serious defect in our shipping laws.

It also raises an interesting problem in the matter of the ethics of professional secrecy, I suppose it is an accepted doctrine that the confi-

dence of a patient must not be violated under any conditions whatever; but still it would be almost intolerable to see this man in charge of a ship, and to know that the lives of many were possibly dependent on one who could hardly see at all, and what he did see he saw double!

ONE OF THE OBSCURE CAUSES OF DEATH IN INFANTS

F. C. Lund (*Berliner Klinische Wochenschrift*, January 18, 1909) reports an interesting case of death from pressure of a large thymus gland in a young infant. The case came under the cognizance of the police department in the writer's city in Denmark. A baby, one month old, was found dead in bed. It was the child of an unmarried woman. The presiding magistrate directed the writer, who was the district autopsy physician, to determine the following points in the case: (1) What was the cause of death? (2) Would the results of the autopsy warrant prosecution for intent to kill in this case? The autopsy findings were mainly the discovery of a very large thymus gland, partly covering the heart, six cm. long and eight cm. wide. On the outer surface of both lungs were seen ecchymoses of blood, varying from pin-point hemorrhages to extravasations the size of a pea, especially pronounced over the left lung. In both pleural cavities was a large amount of serous fluid. The organs of the chest and abdomen were removed *in toto*. The pericardium contains very little fluid. The heart was of normal size, with normal muscle, normal valves. The thymus gland weighed twenty grams, was studded with ecchymoses, with edema in the tissue, partly fluid-like, and hemorrhagic throughout. The lungs floated in water, were edematous, dark, crackling, otherwise normal. There were no signs of external violence having been applied to the body.

In answer to question No. 1, the obductent said that the cause of death was a symptomless disease; status lymphaticus, with abnormally large thymus gland, which produced death by acute asphyxia, by pressure exerted upon the lungs. In answer to question No. 2, whether there was any ground for believing that a crime had been committed here, the reply was, "No." The child's mother was accordingly released by the police.

AN APPEAL

To the Physicians, Dentists and Pharmacists of the United States:

The National Medical ssociation has now begun the publication of a Journal. No argument is necessary to show that we should have one. Let it be a binder between us. To the members of the association it goes for the regular membership fee which is now $2.50 per year. To non-members it will be sent on receipt of the subscription price $.50 per year in advance. I think that we may regard the first issue as a success, judging by some of the comment published in this second number. Our object is to make it grow. It is your Journal and we are calling on you to help make it truly representative of the great body of which it is the official organ. You can do this by your patronage. If you will not join us, let us have your subscription. Send in to the editors notes of interest. Tell us of your success. Short, interesting, original articles solicited.

A great many of our members are in arrears. To you I wish to say that you have received your copy of the Journal. You do not want to read it for nothing. We cannot afford to have you read it for nothing. We need money. Please pay up promptly. Some have asked whether or not a member who is absent from the annual meeting is due to pay the yearly fee. My answer is, yes, and such

a member should pay all the more willingly because he is absent, and the sending of his fee is an earnest of his good intentions and inability to be present.

Please understand that the Journal is the property of the National Medical Association; that its promoters are Officers of the National Medical Association, and that they do not receive one cent for their labor. Every $.50 you contribute towards it goes to the expense of the Organization and the publication, not a dollar to private individuals. At the present subscription price, and rates of publication, we need over 800 subscribers simply to meet expense of publication. We now appeal to you in the interest of this organization and its publication.

The next meeting of the association will be in Boston in August 24-26. These meetings have grown in interest and influence from year to year. The Boston people are determined that this one shall be no exception to the rule. They have been organized for some time, preparations are being made, committees are at work, and funds being raised for the entertainment of the Association. We expect a large delegation. We desire to increase our membership by 25 per cent. by the time this meeting adjourns. We appeal to those who are not members to join us now and to all to arrange for a trip to Boston in August to attend the meeting of the National Medical Association. Those who desire to join may make application to their State Vice-presidents or directly to the Secretary of the Association who will furnish information.

Very truly,
JOHN A. KENNEY,
Tuskegee Institue, Alabama,
Secretary National Medical Association.

SOME COMMENTS ON THE JOURNAL

The Negro National Medical Association has taken a long step forward by beginning the publication of a quarterly called the Journal of the National Medical Association. This publication has as its editors Dr. C. V. Roman, Nashville, Tenn., Editor-in-Chief; Dr. J. A. Kenney, Tuskegee Institute, Ala., Associate Editor; Dr. W. G. Alexander, Orange, N. J., Business Manager; Dr. W. S. Lofton, Washington, D. C., Dental Editor; Dr. Amanda V. Gray, Washington, D. C., Pharmaceutical Editor. It is issued at Tuskegee Institute, Alabama. It contains much creditable matter. In its typographical makeup the magazine is creditable. It is dignified in appearance as well as conservative. The papers and articles are of a high order of merit. We congratulate the National Medical Association. We hope that this quarterly will have a large list of subscribers, as it should have. It means much in the direction of progress when such a publication can be issued by members of our race.—New York Age.

I received the journal a couple of days ago. I am very much pleased with it and extend you and Dr. Roman, my heart-felt thanks for the energy you have put into its production. It is a very commendable effort and the Association owes to you a lasting gratitude. It looks as well as most of the medical periodicals, we see hereabout I feel that with such a magnificent pamphlet for a beginning it is bound to grow into a most useful article to the Negro profession. I feel more than proud to have the satisfaction of being able to live long enough to see the first Negro Medical Journal published by our race anywhere in the world. It reminds me that the Biblical historian has said that "Ethiopia would

again stretch forth her hand and become a people." 4,000 years antedating Hippocrates the Africans were well grounded in the healing art. So it seems that we are about to come back into our own.—P. A. Johnson, M. D., President of the National Association, New York City.

I am in receipt of the Journal of the National Medical Association and am much pleased with it. It reflects credit upon those to whom its makeup was intrusted.—J. A. Robinson, M. D., Darlington, S. C.

The Journal is all that could be expected and I don't believe that anyone will find any substantial criticism.—W. G. Alexander, M. D., Orange, N. J.

The feeling of our members as a whole, is that the first issue of the National Medical Association Journal is a giant success and with the hearty support it is sure to get, it will be one of the foremost publications of our people anywhere; we feel proud of it.—Eugene I. Wright, D. D. S., Secretary of the Bay State Medical, Dental and Pharmaceutical Association, Boston, Mass.

I am agreeably surprised, delighted and benefited by the Journal. Enclosed find check for the Journal, my dues for 1908 and a button.—J. H. Holmes, M. D., Winchester, Ky.

I received the Journal this a. m., and wish to congratulate you on its style, general appearance, and completeness. It is splendidly gotten up and deserves a wide circulation.—W. H. Higgins, M. D., Providence. R. I.

Dear Doctor: The Journal has a very respectable appearance and the promoters deserve much credit.—H. F. Gamble, M. D., Cor. Washington and Bradford Sts. Charleston, W. Va.

Dear Doctor: I am in receipt of the Journal of the National Medical Association. Reviewing it from a mechanical, literary, and scientific standpoint, it is indeed creditable. I am going to do all I can for the Journal.—T. A. Walker, M. D., Baton Rouge, La.

Dear Doctor: I have looked carefully through this first copy of the Journal of our Association and am highly pleased with it. I can say emphatically that you and your associates deserve the highest appreciation of all the members of our Association. I shall be glad to render you any services in furthering the success of our Journal. I feel that every member should take pride and interest in making our Medical Journal a howling success.—A. W. Williams, M. D., Chicago, Ill.

Dear Doctor: I am very well pleased with the initial number of our National Medical Association Journal and I sincerely hope that every member of the Association will keep the Journal equally as active.—A. M. Lushington, D. D. S., Lynchburg, Va.

Not many days since I received the Medical Journal which you were so kind as to send me. I am very much pleased to know the fact that such a splendid production has been presented by the Negro profession and I further feel that the Association with its most excellent officers and staff correspondents merit the kindest consideration and earnest interest of the medical men. Find enclosed 50 cents, the subscription price for one year for the Journal. —Dr. J. Edward Perry, Kansas City Missouri.

I received your letter and Journal and wish you much success in your undertaking. I enclose 50 cents for one year's subscription.—G. P. Inge (Business man), Charlottesville, Va.

ANTRAL EMPYEMA

By W. P. G. URLING, D. D. S., Newark, N. J.

By antral empyema is meant an accumulation of pus in the antrum of Highmore or maxillary sinus, which is a pyramidal cavity, situated in the body of the superior maxillary bone, being lined by mucoperiosteum surmounted by Columnar ciliated epithelium.

The term antral empyema has in the true sense of the word been misapplied to this condition, empyema meaning a collection of pus in a closed cavity, whereas the antrum is an open one, but in the absence of a more suitable apellation this word has been adopted.

The maxillary sinus is bounded above by the floor of the orbit, externally and anteriorly by the facial surface of the superior maxilla, internally by the outer wall of the nasal fossa, while the floor, which is usually uneven owing to imperfect septa and elevations over the roots of the teeth, is formed by the alveolar process. It communicates with the frontal sinuses and the anterior and middle ethmoidal cells, through the infundibulum and with the nose through the Hiatus semilunaris. In reality it may be considered a reservoir for the drainage of the other sinuses of the face. The nasal orifice is situated at the highest point of the nasal wall, a position unfavorable for natural drainage. It opens into the lower part of the infundibulum which in turn communicates with the nasal fossa.

Quite a diversity of opinion prevails as to the etiologic factors of suppuration of the maxillary sinus, of which there are several. At one time it was thought that the one and only cause was diseased teeth, but it now has become a well established fact that many cases arise by infection through the associate sinuses. In the consideration of the phenomena, a study of the position and anatomical relations of the sinus is of great value, as it allows the sources of communication with other cavities, through which infection may pass, to be traced.

Such disorders as scarl t fever, pneumonia, measles, diptheria, and to a marked degree, influenza, have proved to be the cause of suppurative processes of the various sinuses of the face. Deflection of the nasal septum, the presence of spurs close to the nasal wall, nasal polypi closing partially in the natural opening of the antrum, ethmoiditis or frontal sinusitis may, by causing inflammatory changes, so diminish the resisting powers of the mucous lining of the antrum as to make it a favorable medium for the growth of pyogenic micro-organisms. The close proximity of the roots of the bicuspid and molar teeth and the frequent perforation of the floor of the antrum by them affords evidence that the dental organs may be responsible for a certain percentage of cases, transmitting infecting material, as in apical abscess following moist gangrene of the pulp, either in due course or by broaching. Pyorrhoea Alveolaris and necrosis of the Alveolar process may also act as exciting causes. The forcing of a root through the floor of the antrum in an attempted extraction has likewise produced this condition. Some observers estimate these factors to be the cause of as high as ninety per cent. of cases of antral empyema.

Out of fifteen cases that have been recently investigated only five could be attributed to dental origin, four were due to suppuration of the ethmoid cells, one to frontal sinusitis and the remainder to some form of nasal catarrh.

Realizing the differences of the clinical evidence of observers in the various parts of the world, there is no question that the many causes mentioned may produce this condition.

Unequivocal evidence that putrescent pulps in badly decayed teeth are responsible, is afforded by the fact that extraction of the offending dental organs, enlarging the opening into the antrum, irrigating and establishing drainage effects a cure, in acute cases, in from two to four weeks. A further examination in these instances revealed that the exciting causes were due to pathlogical conditions existing in the neighboring structures, which continually deposited infecting material in the antrum, as proved by the ultimate curing of the empyema when these conditions had been removed.

This marks the importance in ascertaining, primarily the sources of infection, as success in treatment can only be expected by first removing the cause. The principle of treating a symptom or indirect complication as could otherwise be the case is a most irrational procedure and one responsible for the large number of unsatisfactory results which have been reported.

To show that antral empyema may occur as a sequel to suppurative sinusitis, instances have been reported where infected frontal and ethmoid sinuses have been operated upon, treated and cured with the natural results that the antral involvements were obliterated without surgical interference.

The most common symptoms and those most likely to arouse suspicion are, swelling and redness over the antral region, often extending around the eye to such an extent as to produce bulging of the eyeball from its sockets, a discharge of pus from the nostril of the affected side, "egg-shell" crackling upon pressure, and the presence of pain of an acute throbbing nature.

Diagnosing by employment of transilluminated light affords further evidence as does the tuning fork system. By placing a small electric lamp in the mouth and viewing the illumination of the cheek in a darkened room, where empyema exists, a masked effect will be produced, evidenced when contrasted by directing the light through the healthy antrum.

This method is of little avail where both antra are affected.

The tuning fork system requires two rubber tubes, each having at one end a rubber tip for the ear. On the other end of one is a glass tube, while at the other is a tuning fork, which is set in vibration, is placed on the dorsum of the nose, when, if either antrum contains pus, the vibrations will be most distinctly heard on that side.

Treatment may be divided into the following stages:

Evacuation of abnormal contents and establishing drainage by surgical procedures, post operative treatment, attention to the general health of the patient.

The surgical treatment consists in making an opening into the antrum large enough to admit of view, curettment, irrigation and drainage. This object may be attained by any of the following procedures:

Opening through the incisive fossa into the antrum. Opening posterior to the canine fossa. Opening through the Alveolar process. Opening through the inferior meatus. Removal of the whole inner antral wall.

Each case of Antral Empyema possesses peculiarities and it is in the consideration of these that any special operation is selected. By far the best results are reported to have followed the opening through the Alveolar process or posterior to the canine fossa. While sacrificing a tooth by extraction is not to be recommended, nevertheless, the best drainage and most successful results can be established by opening through the alveolar process.

The operation of opening through the canine fossa by raising a periosteal flap and cutting through the wall, a hole large enough to admit the little finger, has the great objection that the apical portions of the roots of the cuspid and bicuspid

teeth are frequently exposed, necessitating the treatment and amputation of the end of these roots or even the extraction of the tooth before the surrounding tissues can be stimulated to close in the opening after the sinus has been placed in a healthy condition.

The operation of puncturing the incisive fossa offers the same objection.

Excellent results have been obtained by extracting a wisdom tooth and opening into the posterior portion of the floor of the antrum, which allows of perfect drainage, and is preferable at least to endangering any of the anterior teeth.

In acute cases, daily packing the antrum with iodoform guaze for two or more days and irrigation with alkaline wash which is approximate in salinity and gravity to the fluids of the body, is a procedure that has given excellent results. Chronic cases, however, require to be packed for a longer period. Bichlorid of mercury unless well diluted, or the too prolonged packing of the cavity, etc., etc., will delay healing.

Prevention of infection of the alimentary canal, antagonism of the inflammation on general principles, and the stimulation of absorption may be promoted by the judicious use of catharties. A soft diet of a nutritious nature is essential to building up the general health and increasing the resisting forces of the patient.

If anemia and debility, tonics are indicated, smoking and immoderate use of alchol must not be allowed.

THE NECESSITY OF SCHOOL INSTRUCTION IN DENTAL HYGIENE

PAUL GARDINER WHITE, D. M. D., Boston, Mass.

(Continued from last issue)

NEGLECT OF CHILDREN'S TEETH

Dental, gastric, and acoustic, as well as general neurasthenia may often be ascribed to infection from the oral cavity. It is a most unfortunate thing for this country that nine-tenths of the people have not the knowledge or the energy to protect their teeth, and that only a very small percentage know enough to protect the teeth of their children. There is nothing more idiotic on earth than to see parents worrying about the look of their children's clothes while allowing their teeth, that would protect them all their lives, to go to ruin. The child is taught to wash the hands, to bathe the body, but the human mouth, the very vestibule of life is left wholly without intelligent care.

It is no uncommon thing for children of five or six years of age and younger, whose mouths present a deplorable spectacle of decayed and missing organs of mastication, to be brought to the dentist with a request for extraction of one or more of the deciduous teeth. It does not seem to occur to parents that sound teeth are as important to children of tender years as to their seniors. How can the little ones be expected to devolop into healthy men and women if they are deprived of efficient means of triturating their food at the time when good nourishment is more than at any other time a vital necessity?

One of the best ways to bring people to appreciate the value of cleanliness in the mouth is to tell them that they would not sit down to a table to eat with knives and forks that were one-tenth as dirty as are their own teeth—while they have these ill-conditioned organs in their mouths *all the time.*

It is clear that the colossal spread of dental caries in all strata of the

population carries with it a great danger to public health, and this fact certainly cannot be emphasized too often and too loudly.

The neglect of the teeth is, perhaps, one of the earliest, most immediate, and most far-reaching causes of disease—a fact which alone should urge the advisability of making dental hygiene a matter of public instruction.

DENTAL HYGIENE IN THE SCHOOL CURRICULUM

Nowhere do human beings congregate more closely and constantly than in the school room, and nowhere can contagious diseases be more easily propagated. Light and air and cleanliness of face, hands, and apparel on the part of our children are now considered indispensable requirements in nearly every public school throughout the country. But the fact is utterly disregarded that a single unclean mouth, despite all superficial precautions, may vitiate the atmosphere of a school room and become a fruitful source of disease. What place more appropriate than the school room, therefore for instilling into the mind of youth the necessity for cleanliness of the teeth and mouth?

In enumerating the reasons for introducing dental hygiene into the schools, I do not here dwell upon the element of beauty, of which the teeth are so important a requisite; nor do I emphasize the importance of perfect and regular teeth as a means of correct articulation. In view of the startling facts recently brought to light concerning the deplorable condition of the teeth among our younger generation, an exposition of the esthetic side of the question would seem almost superfluous.

The public investigations conducted abroad during past years demonstrate that the almost incredible condition of children's teeth everywhere is not due solely to neglect, but also to heredity—an additional reason for the timely exercise of hygienic safeguards. Most of the statistics furnished are those of school children, and should, therefore, have particular significance for us.

Dr. Jessen reports the astounding fact that out of a total of 100,000 school children from the different German states, from 81 to 99 per cent. were found to have diseased teeth, and that practically only 1 per cent. had normal healthy mouths. The examinations of the teeth of the school children of the city of Berlin showed according to Dr. Ritter, that 90 per cent. had defective dentures.

Among 10 517 school children of about twelve years of age examined by Cunningham in England and Scotland, 35 279 diseased teeth were found—only about 1,500 of these children, or approximately 14 per cent., having sound teeth. At another time, out of 15,000 school children between the ages of six and fifteen, 95 per cent. showed the presence of dental caries. The report states that 372 anomalies of a different character were found, such as hare-lip cleft palate, irregularities, V-shaped arch and the like.

It was in barbarous Russia that dental investigations were conducted as early as 1879 with the result that 80 per cent. of the inhabitants of St. Petersburg were found to have defective or decayed teeth. Is it not an object lesson for us the people of Boston, that in 1897 the pedagogical council of the college of the far-distant city of Batoum should have already provided that the pupils' teeth should be regularly examined by dentists? In the higher military schools of Russia dental offices have been established, as they also have in the United States army, where every available means is employed to preserve organs which are there considered of the most vital importance to health. In 1896 Russian dentists went so far as to formally petition the Minister of the Interior to organize a regular dental hygiene department through-

out the empire. A striking proof of the estimate in which teeth are held in Russia was recently furnished by the civil court of St. Petersburg, which awarded the extraordinary sum of $50,000 to a singer for the loss of five teeth in a railway accident. If these things can be done in Russia, why cannot they be done in the United States, where the need is far greater?

The overcrowding of the school course has been urged as an objection in certain quarters, both as regards dental examinations and the far more important matter of instruction in dental hygiene. One city claims that dental examinations would furnish a precedent for others aiming at the establishment of the physical condition of other organs. Why, then, let me ask, have these examinations been introduced into Russia, Germany, Japan, England, France, Belgium, Italy, Sweden, and Denmark? In face of what these statistics have revealed abroad, and the far worse conditions known to exist in many portions of this country, such a plea as the above is preposterous Despite these occasional objections, however, the movement on behalf of dental examinations is steadily progressing, as evidenced by the fact that even that far western city of Spokane, Washington, has recently appointed nine dentists to examine the teeth of the school children of the city.

As regards the school curriculum itself, the question becomes one of the relative importance of studies. The board of education of New York city, recognizing the pressure of the times and realizing the tremendous importance of subjects of immediate utility, has recently made a number of salutary changes, making room, for example, for stenography and other branches designed to enable the pupil on leaving school to obtain a livelihood. Deeper than the question of utilities, however, and underlying it, is that affecting the future well-being of the individual; and there is no factor deeper or more fundamental in this regard than that bearing upon the preservation of the teeth. To this end the school must co-operate with the family, and inasmuch as it has here been convincingly demonstrated by statistics that the family cannot be relied upon to safeguard what may perhaps be considered as one of the most vital physical functions, it devolves on the schools to inculcate the principles of dental hygiene.

The knowledge that the public receives of dentistry and the benefits it confers is gained largely from grossly misleading advertisements of the dental parlors. I have seen some children's mouths that at the ages of six, seven, and eight look more like cesspools than receptacles for the transmission of nourishment to the human body.

There is also another source of danger to children in the exchanging of pencils and chewing-gum, which after being in mouths mixed with pus are placed in the mouths of other innocent and unsuspecting children.

A finger-tip wet with pus from an ulcerating tooth and rubbed in the eye will undoubtedly produce inflammatory diseases of the eye, as the wetting of book-leaves by the fingers may carry contagion to another.

A woman's neglected mouth—an accumulation of calculi and debris, cavities in profusion, teeth opaque and lusterless, gums all bleeding and sore—a foul and filthy, repulsive and dangerous mouth, an approach to a disease, loathsome, horrible, maybe incurable, prince of oral diseases; cheeks sunken and innocent of color, eyes lustrless, languid, and wan—and through this mouth passes nourishment for this mother and her child!

OUR RESPONSIBILITY AS TO THE FUTURE

Girls whose teeth are defective will in a few years be the mothers of the next generation.

What about the claims of their children unless we now do our duty by the future mothers and give them a chance to grow up as healthy women? Dr. D. Hayes Agnew said: "The world is becoming filled with a class of flat-breasted, spindle-limbed young women, unfitted for the varied responsible functions of womanhood."

Here then we have a number of reasons why special instruction on the care of the teeth and mouth should constitute a permanent feature of our school curriculum, even though such instruction be limited to a brief reading-lesson of half an hour two or three times a week.

It is in the school room that the future American is formed. Here all the heterogeneous elements of our population are assembled, and here their entire education is supervised and controlled by the properly constituted authorities.

That such a course would react beneficently upon the home itself is also beyond question. The mind of the child, provided the instruction be properly given, is far more susceptible than that of the adult; and while lectures are productive of much good, they only reach a comparatively small part of the population, whereas a course in oral hygiene would permanently affect the entire generation.

Is it not the duty of the school to arouse society to intelligent thought on the importance of better modes of life? Is it not the duty of the school to train people to live better—is not this the true purpose of the school room? The logical place to begin is with the physical life of society—the one phase of life that has been most ignored by our educational methods. There is yet a weightier reason for legal insistence upon proper instruction in the care of teeth at school. Many thousands of dollars are expended each year for systems of school ventilation, and the people cheerfully bear this burden of expense because they are convinced of the need of keeping the air of rooms in which children are brought together as pure as possible. But strangely enough, school authorities have thus far overlooked the important fact that the pestiferous odors issuing from neglected mouths are rendering the problem of ventilation almost impossible of solution! How much money—and what is greater, how much health—might be saved by intelligent attention to the laws of dental hygiene!

It should not be difficult to impress teachers with the dangers which attend the exudation of pus from abscessed teeth. In every community there are those who are enthusiasts on the subject of pure and wholesome food, but whose mouths are in such a neglected condition that the air which passes through them is polluted and every mouthful of food swallowed carries bacteria with it into the stomach. The almost entire futility of sterilizing articles of diet for patients in whose mouths chronic abscesses exist, or whose teeth are covered with tartar mixed with mucus and food in a state of decomposition, need hardly be mentioned.

(To be concluded)

DUTIES OF THE PROFESSION TO THE LAITY

W. S. LOFTON, D. D. S., 1523 M Street, N. W.

READ AT NEW YORK, AUGUST, 1908 BEFORE NATIONAL MEDICAL ASSOCIATION

Mr. President and Members of the National Medical Association:

We are gathered together here in the interest of humanity, bringing with us from the many localities in which we have cast our lot, our methods of practice, and observations of the ravages of disease, with the hope of receiving aid and also helping our fellow practitioners; fully recognizing the weakness of the individual and that in union there is strength, we are making a united effort.

Assembled here are in part the men and women who hold the physical destiny of ten millions of people in this country; a stewardship you assumed and a responsibility you accepted when you received your degree from college, your license from the state, and nailed your shingle to your door. You then and there proclaimed to the world that you are one of the band of physical protectors of humanity, a follower of Christ the Healer.

The minister, preaches, prays and advises to prepare the immortal soul for the great Beyond from which no traveller returns, but the doctor, be he physician, dentist, surgeon or pharmacist has the care of the body. Without venturing an opinion, pro or con, let every man or woman ask himself or herself the question, "Am I imitating the life of the greatest of Healers?" "Is it my duty only to attend the diseased and give relief, or is it not also my duty to counsel, advise, and aid in the prevention of disease?"

At this time when all the world seems to be aroused in a battle against that dreaded disease, the White Plague—consumption, and men are making it their life study and endeavoring to find a cure, it is the duty of every practitioner of medicine in any of of its branches to familiarize himself or herself with the laws of prevention and be ever ready to proclaim them from the high point of advantage of his profession.

The physician necessarily comes into contact with a large mass of people ignorant of the laws of hygiene and bacteriology and it becomes his duty to insist upon cleanliness and pure air surrounding his patient. If in contagious and infectious diseases, either the patient or the person of nearest relationship who has the care of the patient, should be warned of the danger and given rules to follow in the handling of the patient and the destruction of the bacteria, much of the distress and suffering from this class of diseases, otherwise traced to ignorance, would be obviated.

To us, as in every other struggle in this country amid so much race antipathy and prejudice, we must make our efforts above the average requirement. We hear on all sides the statements of the large mortality among the colored people from consumption. I do not believe it is because they are more susceptible to the disease, but first, because of their ignorance of the laws of hygiene and sanitation; second, ignorance of the laws of prevention when brought into daily contact with the disease; third, failure on the part of the physician to request the health authorities to fumigate the house when a consumptive has moved or died. Last, but by no means least, and to the shame of the American people, blinded by comercialism, the glitter of the almighty dollar and race prejudice, the almost utter impossibility for persons of our race

to get decent houses to live in, but instead, tumbled-down shacks that one can easily see daylight through without opening a door or window, over-crowded tenements and one-story structures built on low land and floor on or not more than eight or ten inches above ground, and damp and badly ventilated rooms. In many instances, our people are compelled to live in places in which you would not keep your horses. This is the condition that we see daily among the poor of our race. A condition worthy of the attention of the authorities of the states and and municipalities. Take the more fortunate of our people; to get a decent house, in many cases they are compelled to do one of two things; pay an advance in the rental price, or buy at a large figure. I can cite you a row of six-room houses in Washington that were built and advertised in the daily papers to rent for twenty dollars per month. Not getting white tenants, they were offered to colored people for twenty-two fifty, and I understand that when a house was papered, the rent was advanced to twenty-four dollars, and so anxious were our people to get comfortable homes these houses were rented readily. But to return to my theme: Dr. Lamb, Professor of Anatomy in Howard University Medical School, delivered an address before the Cosmos Club of Washington and also one before the Medico-Chirurgical Society in which he claimed that there were no diseases peculiar to the Negro. Even diseases known only in Africa, were shown to affect white men under the same conditions and environments. Then there is but this conclusion: inasmuch as there are no special diseases known to our people, it might be safely said that there are no diseases that we are immune from. Therefore our medical men must combat the whole array of diseases and become missionaries and apostles of hygiene sanitation and the prevention of diseases or preventive medicines.

The great question (and one that is deserving of your careful consideration) is "How can this best be done?" You have an organization, the like of which I do not believe exists anywhere, made necessary for several reasons, principally, no doubt, on account of prejudice, in the Southland where the greater number of our people live and the major portion of our professional men are in practice. Necessity being the mother of invention, a few thinking men seeing the necessity and aware of the limited number of any one branch, conceived the idea of combining all four in one, and they built better than they thought; for the possibilities of this organization are limited only to its service to humanity and to our race in particular, by the energy and dogged determination of the individual member. Somewhere it is said, "Set a people or a part of a people to thinking and you have created a power." This body can set in motion the wheel of thought. Once arouse the physician, dentist, surgeon and pharmacist to the necessity and their whole duty to humanity and to their people, they will burn midnight oil, if need be to prosecute investigation and research.

Men of these professions do not fear hardships; but there are few of us who did not suffer hardships and endure deprivations in order to get through school, and the same determination and ambition will cause them to push on, with the aid and encouragement of this body, composed, as it is, of the four great branches of medicine; independent, if you are pleased to so regard them, but in fact dependent, one upon the other, so closely interwoven, that at times it is hard to differentiate; yet we find conditions when it is our duty to advise rather than to treat.

It can be said with considerable emphasis that the general practitioner and the pharmacist have the greatest opportunities of advising people. For instance, a physician

called in a case of tooth-ache, gives an opiate to relieve the pain, without knowing whether the pain is due to a live or dead nerve. He simply relieves the pain without removing the cause. Some time after the patient consults a dentist who finds a well developed alveolar abscess with pus possibly burred through the floor of the antrum. There are reasons why a physician should not treat in dental cases. The physician seeks to treat the cause from the symptom, while the dentist seeks to remove the cause. Furthermore, the dentist has provided himself with the necessary instruments, etc., for this purpose, while the physician has not such equipment, and in justice to his patient should impress upon him the dangers and direct him to see a dentist immediately. I might also state that in cases of stomach disorders and indigestion, I do not believe he would be very far wrong to examine the oral cavity and recommend the patient to consult a dentist.

It is a recognized fact that the oral cavity is the gateway to the system and unless it is healthy, and the teeth in good condition, there cannot be proper mastication; without proper mastication there cannot be perfect digestion; without perfect digestion there cannot be complete assimilation; without complete assimilation there cannot be healthy nutrition, and without healthy nutrition, there is disease. Each part of the system has its own function to perform. Where you have teeth broken down with large gaping cavities filled with decayed food; pus oozing from around the necks of old decayed and loose roots; gums spungy and sore, bleeding at the slightest provocation, and this mixed with the food and saliva, passing into the stomach every minute of the day, can you wonder at an individual having indigestion? The great wonder is, why individuals so afflicted do not have septicaemia!

To the physician I say, "Your first duty is to your patient." Do not fear the pecuniary loss, but tell the patient it is useless to consult you until he has first consulted a dentist and has had his mouth put in a better condition, and take my word for it, he will thank you and you will have made a life-long friend and patient. Do not be afraid to say, "Your trouble is the other man's job and not mine." He will respect you far more than he will if you attempt to be the dentist and make a mess of the job. You are not helping the dentist, you are helping your patient. This reminds me of a story told by a professor of dentistry in Howard University some years ago. He had a physician friend who lived about four blocks from his office. This friend sent his boy up with a note saying, "Please send me a forcep, I want to extract a tooth." The dentist sent back asking, "What tooth?" The reply came, "A jaw tooth." So the dentist sent him the following forceps, sup. bicuspid, right and left sup. molar, lower bicuspid, lower universal molar and the third molar or wisdom tooth forceps. This is what happened: In about an hour the boy returned and a man with him, with a note saying, "Doctor, will you please take this tooth out for this man?" Upon examination he found his sup. left second molar had the top broken off of it.

The student of medicine does not deem the teeth of sufficient importance to give them any time while in school more than a general knowledge classed among the bones in his study of anatomy. And why should he, unless he expects to be a country doctor? Even then I doubt that he gives very much time to the subject, depending largely upon brute force to extract a tooth, very much like the time when the village blacksmith pulled people's teeth with the pincers that pulled nails out of the hoofs of horses. This being true, then why try to do something to which you have given no attention?

A word to my good friend the pharmacist. Your profession takes you largely into the commercial world, and necessarily you must pursue legitimate business principles. Under no circumstances or conditions should any article be substituted in a prescription without the doctor's consent. It is not fair to the physician or to the patient. There is much complaint on the part of members of your profession that the physicians are carrying medicine in their grips; but we must recognize that there are two sides to this question. There is the one of self-protection on the part of the physician. Some years ago the homeopath came into the field with his bag; without entering into the justice of the claim, it has been contended on the part of some physicians that in some instances the pharmacists have been known to substitute. Furthermore, it is a very convenient thing for both the physician and the patient, when the former is called at an hour between midnight and morning, to have a remedy at hand to relieve the distress and spare himself much uneasiness. The physician you know is human and he certainly cannot feel contented knowing the physical distress of his patient. But there is a higher ideal than the pecuniary one, and I am not unmindful that the monetary side is very essential to the running of a business and meeting ones obligations. Yet I believe there is a law of compensation when we do our whole duty to humanity as best we can see it. Then we are repaid twofold.

Do not attempt to prescribe for people. Let them tell their ailments to the physician. I know it is very tempting to offer this or that preparation that claims to cure all ills the human family is heir to. But forget the chance and say, "You had better see a physician." From a financial point of view your profit on a prescription of three-ounce mixture will far exceed those on eight-ounce nostrums you might have offered. When a person comes to you and tells you he has a toothache and desires some toothache wax, tell him to see a dentist forthwith if not sooner. If he doesn't, some day soon that tooth will develop into an alveolar abscess and you will not have made a mistake in telling him to see a dentist, but will have served humanity.

I wish to say a word to my brother practitioners of dentistry. A story goes that at a trial a physician was placed on the witness stand as an expert; when he was turned over to be cross-examined, the attorney said to him with considerable sarcasm, "well, doctor, men of your profession are in the habit of burying their mistakes six feet under ground?" "Yes," replied the doctor, "about as often as your profession hangs them six feet above ground." While we neither kill nor hang, our mistakes are often found in the box of extracted teeth. Some of the dentists are as free with the forceps as the physician is with his hypodermic syringe or the surgeon with his knife. Like the Texan with his gun, when you need these things, you need them badly, but they are not always first aids for relief.

First we must recognize the purposes of the teeth and their importance in maintaining the human body. Knowing these things we must seek to impress our patients with the importance of preserving the natural organs intact. I can see no more reason for extracting an aching tooth than there is for the amputation of a toe because it has a corn on it. Naturally you would treat the toe; then why not treat the tooth? Because nature has given thirty-two teeth, does not mean that there are one, two, or four unnecessary. Each one has its mission. Some may say, what are you going to do with a broken down, decayed molar? With the many improvements and ideas advanced through current literature and the capabilities of your brain, improvise or devise some way, with strong roots as a foundation, so that a crown may be provided in several ways.

Use your good offices whenever and wherever you can to impress upon the parent the necessity of the care of children's teeth, especially the care of the deciduous and the necessity of keeping them until the proper time for their displacement by nature with their permanent, and watch for the decay of the first or six-year molar. How often do you hear a fond mother say, "My child has a jaw tooth troubling her. I guess you will have to take it out." "It doesn't make any difference, as she will get another." Upon examination you will be horrified to find the first molar badly decayed. Knowing as we do what that tooth is to the individual, makes every man in the profession wish that there was some way of prevention. To a man who loves children, it is indeed a thing very taxing on his nerves to be compelled to wring from the jaw of a trusting little one an offending molar, and thereby incite in the little one's mind a dread of the dentist, when to the contrary we wish to gain its confidence, not so much for the present as for the future, so that in after life they will be ever ready to go and have their teeth looked after before they begin to trouble them. Not alone the laity, but I fear the physician as well, has not as yet realized the importance of the teeth, or they would not be so ready with the advice to have them extracted. To those of the allied professions, I desire to say, if your advice is asked, it is always safe to advise a person to consult a dentist.

The day of pulling teeth on the slightest provocation and putting in a cheap, badly-fitting rubber plate, is fast becoming one of the antiquities of the profession. Artificial dentures are better than no teeth as a substitute where one has had the misfortune to have lost the natural ones. But rubber plates at best are not the most desirable dentures, which have been brought into common use by the commercial value of rubber and its simplicity of manipulation. But the best thought of the profession is seeking to supplant it with metal dentures. Many are already using aluminum where gold cannot be afforded. The disadvantages of rubber on the tissues of the mouth and necks of teeth in partial dentures are evident to all. I will quote from a paper in the Dental Cosmos, January, 1908, by Dr. Paul Gardiner White in which he is advocating School Inspection and Oral Hygiene. Speaking of the natural organs and artificial substitutes, he uses this language: "As I have said before, the crushing force of a normal set of teeth is 275 pounds. In an odentaluous mouth the masticating force averages about from 25 to 50 pounds with partial dentures and restoration by means of bridges, from 50 to 80 pounds thus, showing the inefficiency of artificial substitutes to perform normal mastication." Therefore it is necessary in making artificial substitutes, be they full or partial dentures, crowns, or bridgework, that the cusps on artificial teeth should be preserved and not ground to a flat, smooth surface, and in regard to crowns, be they gold or in bridgework, where the porcelain facings are used and a gold grinding surface, the latter should be swayed to reproduce a proper form of the occluding surface of the teeth, and in all cases there should be proper articulation to enable the patient to obtain the best results from mastication, striving at all times as far as practicable to imitate nature, and with that in view especially, we should study the temperament of the individual.

Dr. Robert S. Ivy, in the American System of Dentistry, writing on temperament has this to say: "The difference between man and man in respect to dental and facial appearance has by various observers been attributed to a variety of causes and influences. Among them, temperament and racial characteristics have been the basis upon which classifications have been made."

For the purpose of this paper, I will deal only with the subject from the viewpoint of my own race as it exists in this country. By reason of the mixtures and as a breeder would use the term, "crossing and double crossing," we see thousands of cases where every visible characteristic of the Negro has disappeared, and in thousands of others the color of the skin is the only visible characteristic. This brings to my mind a story accredited to the late and lamented President William McKinley, the truth of which I cannot vouch for. Looking at a very beautiful bouquet of flowers, he remarked that it reminded him of the colored race. When asked why, he answered, "The variegation of colors." Thus it may be safely said that among us as a people may be found all the dental and facial characteristics of the races of both continents, also the temperaments modified. It is an exception, rather than a rule to come into contact with a pronounced facial or temperamental type. Dr. Ivy gives four basal temperaments; Bilious, Sanguineous, Nervous and Lymphatic, and sub-divides these four into eleven classifications as follows: The sanguine-bilious, the nerve-bilious, the lymphatic-bilious, the bilio-sanguine, lymphatic-sanguine, bilio-nervous, sanguine-nervous, lymphatic nervous, bilio-lymphatic, sanguine-lymphatic and the nerve-lymphatic. He also gives a very comprehensive table of teeth indicated under the four basal heads; the large bronze, yellow teeth of the bilious, the well proportioned curved or rounded outline, cream yellow teeth, inclined to translucency of the sanguineous; length predominating over breadth, long cutting edges and cusps, pearl blue or gray teeth inclined to transparency or the nervous. Large but not shapely, breadth predominating over length, cusps poorly defined, pallid and opaque or muddy in coloring of the lymphatic. A close study of these tables will be found very helpful in all prosthetic work. We should also give attention to the aesthetic side, having an eye to the beautiful and elegant rather than to the gaudy. We should discourage instead of encouraging the great display of gold in the anterior portion of the mouth, especially gold crowns on the six orals. Nothing is more beautiful than the simplicity of nature. Therefore where it is not possible to preserve the natural organ and an artificial substitute of any kind is to be provided, we should seek to reproduce nature as far as possible. In full dentures try to get from your patients an idea of the appearances of their natural organs, with the view of reproducing the same appearance. Say in a given case, where long, well-developed teeth are indicated from facial appearance, but not indicated from the impression and the patient tells you his natural teeth were long and well-developed and irregularly inclined to, or did lap at different points, the best natural results will be accomplished by seeking to reproduce that effect. I might also say that it is well to consider the age of your patient in the selection of color. I know it is a very delicate thing to ask the age especially of the unmarried lady, but that is not necessary. Nine times out of ten we can make a guess close enough for our purposes. It is a well established principle that as we grow older our teeth become more dense and darker. We should keep before us elegance and simplicity in contradistinction to gaudiness and display and wherever and whenever it is possible, advise against the great display of gold and seek to copy nature.

Permit me to say in conclusion that in bringing to you these few disconnected thoughts, it is not with a view of criticism and I hope the profession at large will accept them in the spirit in which they are offered. The little things in life are very often those that play important parts in our successes or failures. Equally true is it that small ommissions are as disastrous as some acts of commission. Therefore the profession in given cases must ever keep before the laity, the dangers of the absence of observing the laws of hygiene and sanitation.

ON TO BOSTON

The National Medical Association, Eleventh Annual Convention Boston, Mass., August 24th, 25th and 26th, 1909

The physicians of New England take this opportunity of assuring the members of The N. M. A. of the hearty New England welcome which is awaiting them on their arrival in Boston, August 24-26, 1909. We feel secure in saying that never in the history of the N. M. A. have the people of any section shown greater interest in the coming of the society than have the people of Boston and New England.

The Committee of Arrangements has been extremely fortunate in securing the co-operation of a large citizens' committee and a still larger ladies' auxiliary to help arrange the necessary details for the conduct of the session, and to extend to you a cordial welcome. Including the medical profession in New England and the laity, there are actively engaged in arranging this meeting over a thousand men and women, the wives of physicians, representative women, and the younger ladies of New England are generously contributing their services in arranging for the Convention.

The necessary funds are being freely contributed by the medical profession and public-spirited citizens. There is practically uniform co-operation of the profession and the public, who are striving to make the arrangements worthy of the great National Association at its session in Boston. Arrangements are being made for operations and clinics in some of the well equipped hospitals, including the Massachusetts General Hospital, the oldest of all, The Boston City Hospital, the Plymouth Hospital and many others. The scientific exhibits, the clinical exhibits and the practical clinical demonstrations at these and other hospitals will prove sufficient scientific entertainment to well repay attendance at this session.

From a historical point Boston offers much. The history of the state began with the sacrifice of a physician at the battle of Bunker Hill. It is the home of Longfellow, Lowell, Oliver Wendall Holmes, Thomas Wentworth Higginson, William Lloyd Garrison, Charles Sumner, Wendall Phillips, Crispus Attucks, Robert Gould Shaw and a host of others whose lives have made American History and Literature. Boston and its vicinity are rich in educational institutions. Here are found The New England Conservatory of Music, Harvard College, the Boston Public Library, Trinity Church of Philips Brooks fame, and the homes of most of the leading intellectual and cultured impulses of America; in short, Boston is the Athens of the Western Hemisphere. Among the places of historic interest in and around Boston may be mentioned Faneuil Hall, "The Cradle of Liberty," Paul Revere's House, The Old South Church, Bunker Hill Monument, The Shaw Monument, The State House and many others equally significant and interesting.

The citizens of New England are looking forward with much pleasure to the coming of their visitors. They will spare no friendly energy toward making their stay beneficial as well as one of comfort and entertainment.

Signed, Local Committee,

Boston, Mass.

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STATFS VICE-PRESIDENTS

It is very desirable that the State Vice-presidents of the National Medical Association should be wide awake, active officers with a full realization, of their duties and responsibilities. It is to these officers that the Association must look for keeping alive the interest of the organization in the individual states and increase its membership. We are glad to say that we have several who fill the above requirements but sorry to note that there are some who do not answer our expectation in the above-mentioned regard. We wish to urge that each one of these officers will from now on busy himself in pushing the Association matters to the end that we may have the best meeting in Boston next August, that the Association has ever known. We are sending several copies of a circular letter to the State Vice-presidents with a request that they will distribute them all through their states both to members and nonmembers. Each one of these officers is urged to do all in his power to secure subscriptions for the Journal and to get items of interest concerning the profession, also short original articles and reports of cases for publication.

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Vol. 1 July-September, 1909 No. 3

Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery, Pharmacy and Dentistry

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YESTERDAY, TODAY AND TOMORROW

By G. W. HUBBARD, M. D., Dean of Meharry Medical College

AN ADDRESS BEFORE THE TENNESSEE STATE MEDICAL ASSOCIATION
JUNE 9, 1909

Rev. Edward Everett Hale gives us one of the mottos of the Ten Times One is Ten Club, look forward, and not backward.

While this may usually be the best course to pursue, it is frequently both interesting and profitable to review the past and learn useful lessons which experience alone can teach.

I shall briefly describe the educational work for the past forty years of the institution established for the education of colored physicians, dentists and pharmacists.

There was doubtless a small number of colored physicians who had obtained their education in Northern medical colleges before the late Civil War.

Howard University was the first to open the doors of its Medical, Dental and Pharmaceutical Colleges to all persons, without regard to sex or race, who are qualified by good moral character, proper age and suitable preliminary education. The Medical College of Howard was opened November 5, 1868 and since that time has had 778 medical, 142 dental and 188 pharmacy graduates, not including those of the present year. A considerable number of these graduates are white, perhaps between 200 and 300.

A few weeks ago in the city of New York, Dr. John A. Wyeth gave an interesting address before the Association of American Medical Colleges at the New York Academy of Medicine. It was entitled, "A Medical Student in 1867." He gave an interesting and humorous account of his experience in obtaining a medical education at a college in Louisville, Kentucky, and it very closely agreed with my own at the Medical Department at the University of Nashville in 1875-76.

Meharry Medical College was organized in 1876; has had 880 medical, 123 dental, and 108 pharmacy graduates; total, 1,111.

Leonard Medical School, Shaw University, Raleigh, North Carolina, was opened in 1882; has had 302 graduates in medicine, 78 in pharmacy; total, 380.

Louisville National Medical College, chartered in 1888, has had 114 medical graduates. Flint Medical College, New Orleans University, opened in 1889, has had 94 medical and 18 pharmacy graduates.

The Medical Department of West Tennessee, opened 1900, has had 34 medical graduates. The Medical Department of Knoxville College,

opened in 1895, closed in 1900, had 14 graduates.

Knoxville Medical College opened in 1900; number of graduates unknown.

Total number of medical graduates, 2,202; dental, 265, and pharmacy, 374. There have probably been as many colored graduates from Northern schools as white graduates from Howard. This would leave the above numbers unchanged.

About 10 per cent. of Meharry graduates have died since graduation. If there is a like proportion in other colleges, there are now about 2,000 living medical graduates. It is probable that about 1,600 or 1,700 of these are residing in the South and Southwestern States, and it might be a fair estimate to say that 1,500 of these are practicing medicine.

If there 9,000,000 of colored people now residing in these states, it would allow one physician to 6,000 people of his own race.

It is only fair to state, however, that there is a considerable number of non-graduates who are licensed to practice medicine; the extent of the number it is impossible to state.

TODAY

One of the most discouraging conditions that presents itself at the present time is the large number of failures of colored candidates before the different state examining boards.

It may be well to examine the different causes which are producing these unfortunate results.

First: Unfavorable home surroundings. A large proportion of white medical students have been surrounded by what might be called an intellectual atmosphere. Their parents have had at least a common school education; books and papers abound and the main conversation is of an elevating character. With colored students these conditions are reversed. A large proportion of their parents are unable to read and write. The family library may consist of a Bible and a patent medicine almanac, and the ordinary conversation of the home circle consists mostly of the neighborhood gossip.

Second: The common schools for colored children are usually inferior in length and thoroughness to white schools. The high schools for colored children are few and far between and the number that have a four years' course is very small. Normal schools and academies, supported and controlled by the different denominations, have, on account of insufficient means, been unable to accomplish the same results that are obtained from the graded high schools in the Northern States.

Third: All of these secondary schools with few exceptions have been lamentably deficient in apparatus for teaching the Natural Sciences, especially Physics and Chemistry.

Fourth: On account of lack of sufficient means, the colored medical students attend as short a time as possible each session, entering late and leaving before the end of the session.

Fifth: For the same reason they do not have the necessary text and reference books.

Sixth: Their work during vacation is of such a character that they have but little time to devote to their medical studies.

Seventh: Many are obliged to work for their board during the school session and do not have sufficient time to give to their professional studies.

Eighth: Some devote too much time to athletics, theatre going and social functions of different kinds.

Ninth: It has been reported that in some states the examining boards are partial toward the white applicants.

As a remedy to three of these conditions, greater care will be exercised in admitting students for next session. Five per cent. has been added to the grade for passing the examinations and the required attendance has been raised from 80 to 85 per cent.

Everything considered, the condition and position of the colored physician, dentist and pharmacist are most encouraging.

First. They have been well patronized by their own people.

Second. They have been well received, encouraged and assisted by the white medical profession.

Third. Taken as a whole, their professional work has been most satisfactory.

Fourth. Their professional income, ranging as it does, from $500 to $5,000 per year, has been greater than anticipated by their most sanguine friends.

Fifth. A large proportion have well equipped offices and comfortable, and in many cases, elegant homes.

Sixth. They are leaders among their people and exert a salutary and wide-reaching influence in the communities where they reside and are aiding materially in promoting the sanitary condition of their people.

TOMORROW

It is not safe to prophecy regarding the far distant future, but the experience of the past will help us in regard to the probabilities of the future which is near at hand.

I think that it is almost certain that the requirements for the study of medicine will soon be advanced and at least one year of a college course will be demanded for the study of medicine or a five years' medical course established, probably both. It is doubtful if more than 4,000 hours work will be considered advisable, but additional laboratory work and more thoroughness are at least among the probabilities.

It is most likely that state boards will be more practicable in their examinations and practical tests of the applicants knowledge of laboratory work demanded. I do not feel competent to express any opinion regarding the sentiment of Southern medical examining boards toward colored medical physicians. I at least hope that the time is not far distant when only those who hold diplomas from reputable colleges will be allowed to take state examinations.

I do not think that the number of colored medical students will be largely increased within the next five years. During the past five years the number of white medical colleges has been reduced from 166 to 148 and the number in the future will probably be less than that at present.

The larger cities are now fairly supplied with Negro physicians and the greater portion of those who will graduate in the future will most likely locate in the smaller towns and country districts.

It is likely that there will be an increased number of colored specialists and such specialists shall receive the encouragement and support of the colored profession. General Surgery will receive more attention in the future than it has in the past.

It is too much to expect that in the Golden Age of Tomorrow specialists will not continue the general practice of medicine and that general practitioners will not pose as specialists in those branches concerning which, at best, they gave only a limited knowledge; that pharmacists will cease from prescribing and that physicians will do less general dispensing; that the Lord's poor will not be entirely neglected and that members of all the professions will unite in those endeavors in promoting the best and highest interests of their race.

PAINS OF THE FEMALE PELVIS: THEIR DIAGNOSTIC SIGNIFICANCE AND TREATMENT

By J. J. FRANCE, M. D., Portsmouth, Va.

READ BEFORE THE OLD DOMINION MEDICAL AND SURGICAL SOCIETY
BAYSHORE, VA., JULY 27, 1908

Viewed from a restricted philosophical sense, pain may be regarded as the reaction of the organism against deleterious influences: the signal note to consciousness of the action of some process prejudicial to the health of the tissues.

Of the many kinds of pain to which the human organism is subject, none present such a wide variety, are so picturesque in their manifestations, nor so difficult at times accurately to diagnosticate, as pains of the female pelvis. The explanation of this is to be found in the anatomical arrangements of the organs of this region. The bladder, the uterus and its appendages, and the rectum lie one upon the other from above downward, and are separated from each other only by thin septa. They are organs of the hollow viscera type, the ovaries excepted, with an inner mucous lining and an outer investment of serous membrane—the peritoneum. The arrangement of the musculature does not differ in general from that of other organs. There is, however, this difference: the tissues are supplied with an abundant amount of loose areolar tissue, investing the blood vessels, nerves and lymphatics, and all resting upon a dense and unyielding aponeuretic base—the pelvic fascia. It is important to bear this in mind in seeking to account for the complex nature of the symptoms complained of in this region, their tenacious character, and the frequently unsatisfactory results of purely medicinal treatment. All inflammatory exudates above the vulva are limited in a downward direction by the pelvic fascia. On the other hand the abundant net work of submucous and subserous cellular tissue favors the extension of inflammatory products in the direction of least resistance. Hence it often happens that pains are complained of at a considerable distance from the seat of the original disorder.

Clinically, the pains of the female pelvis may be divided into two classes: (1) Functional and (2) Inflammatory or infectious.

1. Functional pains. By this is meant that class of complaints for which no organic basis can be found. It includes such disorders as hysteria, ovarian neuralgia, lumbo-abdominal pain, neuralgic dysmenorrhea, hystero-epilepsy, neuralgia of the uterus. Functional pain may be said to be the limbo into which are consigned all ill understood pathological disturbances of this region. The pain of these disorders has no special characteristics; it partakes of every known variety, according as a particular organ or tissue is aff cted. It is sharp, lancinating, penetrating, spasmodic, colicky, dragging or dull. It is often resistant to treatment. Sometimes opiates, bromides, anodynes fail hopelessly to bring relief; at other times a simple suggestion or a certain procedure will affect happy results. The following cases are cited in illustration.

Case I. On August 27, 1902, I was called to see E. B., a young girl, nineteen years of age. She was well developed. She gave a history of having had the usual diseases of childhood, but denied having had, or having been exposed

to the possibility of specific infection. She complained of pain in the hypo-gastrium with no particular localization, but that it moved from one side to another. There was no tenderness on pressure, no leucorrhoeal discharge, no fever; none of the usual symptoms of inflammation.

The pain complained of was subject to nocturnal exacerbations. For two weeks all measures employed to relieve this condition—anodynes internally and local applications—proved futile. In the course of my visit one day I observed a peculiar expression of the countenance similar to what I had observed in hysterical patients. Accordingly I put her on drachn doses of equal parts of the ammoniated tincture of valerian and tincture of hops three times a day. Within three days from the time this treatment was inaugurated the patient was discharged cured.

An interesting sequel to this case, supplying an important etiological factor, occurred within the last four months. The father of this girl developed chronic diffuse meningo-eucephalitis. He was under my care from April to the third of the present month when he succumbed to an accute exacerbation of the disorder. The element of heredity underlying her attack, unsuspected at the time, was made clear by the father's subsequent illness.

Case II. E. T., a married lady of thirty, and a mother of two children, had her tooth extracted under chloroform anaesthesia, June 8th, 1904. The anaesthetic was administered by a Norfolk physician. On her return home she was seized with violent pains in the right illiac region, atattended with vomiting and marked rigidity of the muscles of the affected side. I saw her about three o'clock that afternoon, and after administering a hypodermic injection of one fourth of a grain of morphine, prescribed some anodyne mixture, promising to return later in the evening. Returning at ten o'clock, I found her in a worse plight than when I left her; all the symptoms considerably aggravated. She was tossing about in bed, groaning, vomiting and exhibiting every symptom of intense suffering. To secure temporary relief so as to enable me to determine the true nature of the affection, I decided to give a high enema of hot normal salt solution. While the water was being heated I sat by the bedside and took her wrist between my right fingers as in the act of taking the pulse. Presently she stopped tossing about, quieted down, and was fast asleep in less than five minutes. According to her statement the following morning, she remained in that position the night through, not moving once, and with the return of the morning, all pains, tenderness, rigidity had disappeared, and she was herself again.

Of course, there is no attempt, in citing these cases, to convey the impression that all, or most, functional pelvic pains terminate in this manner. They simply serve to illustrate the difficulty of arriving at a correct diagnosis in many of these cases, and the unsatisfactory result of treatment.

2. Pains of inflammatory origin. By far the greatest number of pains in the pelvis of women is due to the inflammatory disorders of the contained organs caused by infection, either septic or specific. They include the various forms of endometritis and metritis, of salpingitis and ovaritis, pelvic cellutitis and peritonitis, cystitis and proctitis.

The etiological factors concerned in the production of these diseases are septic infection supervening after parturition or abortion from unclean

instruments, unclean materials such as pads, napkins, sheets used about the patient, the unclean hands of the attending physician, nurse or attendants; lacerations of the cervix or perineum, the gonococcus bacilli, traumatism, ill fitting pessary and exposure to cold. The following table taken from Bernatz's analysis of 99 cases of pelvic peritonitis shows the predominant role which septic and specific infection plays in the production of pelvic inflammatory disorders:

43 occurred in puerperal;
28 occurred after gonorrhoea;
20 occurred during menstruation;
8 traumatic: 3 due to venereal excess, 2 due to syphilitic disease of the cervic (cervix), 2 due to introduction of uterine sound, 1 due to use of vaginal douche.

This fact has led some eminent gynecologists to hold that all inflammatory diseases of the female genital organs are caused by septic infection or the gonococcus of Neisser. I do not subscribe to this teaching. It is true that in a large proportion of cases the history of septic or specific infection can be readily elicited; but there is an ample residuum in which it is impossible to trace the genesis of the disorder to these causes.

It is scarcely necessary to observe that it is of primal importance for the physician, in all cases, to endeavor to determine the cause of the disorder he is called upon to treat, as his treatment is determined by the causation; but it is of equal importance, in disorders of the female pelvis, to familiarize oneself with the significance, the connotation, as it were, of the primal symptom complained of, to know what form of disease it is an index of, to determine at an instant the organ which is at fault.

ENDOMETRITIS

Beginning with the various forms of endometritis, the two most frequently encountered in private practice are the atrophic and hypertrophic simple endometritis. Of the former the principal symptom is severe dysmenorrhoea. The pain usually precedes the flow, continues throughout its duration and persists after its cessation. It is located just behind the symphysis, is paroxysmal and intermittent, attaining its maximum intensity just before the escape of clots. The patient is usually in bed. On the other hand, backache opposite the last lumbar vertebra, so intense that she expresses it as if her back would break in two, is the chief symptom complained of in hypertrophic simple endometritis, coupled with bearing down pain and a sense of weight temporarily relieved by pressure upward by the hand on the lower abdominal portion. Atrophic simple endometritis yields to opium and its derivatives, aconite, connabis indica, viburnum prunifolium and Jamaica dogwood. This is true of the acute symptoms. Constitutional treatment is often very effective in curing the disease. In the hypertrophic variety topical treatment is the treatment by preference. Depletory measures, in the form of tampons medicated with boroglyceride or petrogen ichthyol in the vaginal canal, etc., packing the uterine cavity with strips of iodoform gauze saturated with pure ichthyol or petrogen ichthyol twice a week for two or three weeks, are often attended with such improvement that the patients discontinue treatment against the advice of the physician. When the patient is willing to follow advice, however, it is best to supplement this draining procedure with dilatation and curettment under anaesthesia, and a systematic

swabbing of the cervix and vaginal vault twice a week for at least two weeks with 25 per cent. solution of of argyrol, or Churchill's iodine, and an internal administration of tonics and alteratives such as strychnine, arsenic, iron, quinine, and ergot. This treatment persevered in for two or three months effects a complete cure.

SALPINGITIS

Pain in salpingitis is by no means characteristic. It varies in intensity according as the case is acute or chronic, adherent or purulent. In adherent salpingitis the pain is usually located in one or both illiac regions, frequently extending down the thighs. In pyosalpinx the filling and distension of the tube with pus is a signal for the most violent pains, colicky in character, and attended with all the characteristic symptoms of an attack of renal colic. In cases in which the abscess cavity in the tube is nearer the uterine cornua the purulent matter empties through this viscus into the vaginal canal, when the symptoms ameliorate. There is a close resemblance between the symptomatology of this disorder and that of atrophic simple endometritis. In both the pain attains a maximum intensity in the course of the disease; in simple endometritis, however, relief follows the escape of blood clot or clots; in pyosalpinx, the escape of pus. Another point of differentiation is that the pain in atrophic endometritis is paroxysmal and intermittent; in pyosalpinx it is colicky, and is more likely to be mistaken for an attack of renal colic.

Case III. On September 12, 1902, I was called to see E. S., a young woman, 24 years of age, a domestic in a white family which had been spending the summer in Ocean View. She informed me that she had renal calcubus, that she was at that moment suffering from renal colic in consequence of the stone forcing itself down into the bladder. This she had been told by two white physicians who had attended her in previous attacks, one of these being the family doctor of the home in which she was a servant. She had been subject to periodical attacks for three months, but treatment so far had been ineffectual. I was able to obtain a confession that two weeks prior to the first attack she had been exposed to the possibility of gonorrhoeal infection; that shortly after the exposure she had had profuse vaginal discharge and some soreness, but these had all disappeared long ago. The attacks were periodical, colicky in character, radiating from the right illiac region upward and backward towards the lumben and downward to the inner side of the thigh. The attacks were invariably followed by a profuse discharge of yellowish matter stained with blood, after which she felt better. Bimanual examination revealed a condition of which I have endeavored to give a pictorial representation in Figure I. The case was clearly a pyosalpinx. Under five grain doses of potass iodid and ten grain doses of strontium bromide taken internally, and the application to the vaginal vault, on the affected side, of Churchill's iodine three times a week, she completely recovered.

OVARITIS

The pain in chronic ovaritis—the form most frequently seen by the general practitioner—is characteristic. It is experienced with the greatest frequency upon the left side and with the greatest intensity in the groin. It is persistent, increased by locomotion, by a misstep, by jolting, by the pressure of the hand in examination. Sometimes the pain is accompanied by a burning sensation. Medicinal treatment is unsat-

it is impossible to treat the subject with any degree of fullness without transgressing the rules of proportion and extending it beyond reasonable limits. I have, as a matter of fact, far exceeded the limit I assigned to this paper.

In giving prominence to pain as the principal symptom in these disorders, I by no means minimize the importance of other symptoms. They must never be overlooked or underestimated. But a discriminating knowledge of the significance of pain, taken in connection with other symptoms is, in my experience, the surest way of arriving at a correct diagnosis of diseases of the female pelvis.

SOME IMPORTANT DIFFERENTIAL DIAGNOSES

By C. V. ROMAN, PH. D., M. D.

READ BEFORE THE TENNESSEE STATE MEDICAL ASSOCIATION, JUNE 10, 1909

There are two ligitimate objects with which medical papers may be written.

1. To make an actual contribution to existing knowedge—add something to the intellectual storehouse of the profession, such as did Faraday, Lister, Virchow, Koch, Sims, and a mighty host "whose distant footsteps echo through the corridors of time." No higher honor can come to an individual in this world than to add to the sum of human knowledge.

2. To popularize facts already known to the profession—to divide among the many, the possessions of the few. This is almost as important as the first. The planets add to the glory of the Heavens, though they but reflect the light of the suns. The work of pioneers would be of no value if the knowledge gained died with the discoverer. To insure the fullest blessing to mankind every Christopher Columbus must be followed by at least one Amerigo Vespucci.

Under this head I hope for justification. I have nothing new to present. My sole object is to place in a little more available form some facts well known to the specialist, and thus contribute to the advance of the profession by assisting in the diffusion of knowledge.

Medicine is both a science and an art. The science of medicine has for its object the study of disease. The art of medicine has for its object the two-fold duty of preserving the health of those who are well and restoring to health those who are sick.

Diagnosis is a branch of the medical art. The word is derived from two Greek words meaning to know through. To make a diagnosis, then, means to know through the patient's trouble, to understand its etiology, interpret its symptomatology, classify its nosology and gather all data that will enable the examiner to answer comprehensively the question, "What is the matter?" Diagnosis is a fundamental prerequisite to reasonable treatment and sane prognosis.

Differential diagnosis is recognizing and properly classifying diseases whose symptom-complexes more or less resemble each other.

These well known medical truisms are here recited as a suitable exordium to a discussion of "some important differential diagnoses" that should be known by everyone who essays to treat of any diseases of the eye, ear, nose, or throat.

The acute diseases of these organs are usually first seen by the general practitioner. He, then, should be able to distinguish the serious and dangerous diseases of these organs from those which are slight and transitory.

THE EYE

1. Ciliary and Conjunctival Congestion.

Redness or congestion of the eye is one of the commonest symptoms of eye troubles. It may be the indication of some slight and transient irritation that will right itself in a little while without any treatment or it may be the initial step of a serious malady that will eventually destroy the eye unless the most careful treatment be used.

To illustrate from cases seen: A whiff of smoke, blown into the eye from a passing locomotive, might cause the former condition; and a bit of infected rock, thrown by a horse's foot in such a way as to slightly wound the corneal epithelium, might be the cause of the latter. How is one condition to be distinguished from the other? One is conjunctival congestion and the other is ciliary or circum-corneal congestion. To differentiate them, several things must be noticed. Color, position, movability, pain, duration, manner of onset, and the action of certain drugs, are all points of discrimination.

A brief glance at the arrangement of the blood vessels will be helpful. The vessels of the sclerotic portion of the conjunctiva enter at the fornix and radiate in wavy arborizations towards the cornea, growing smaller as they approach it. They are in the conjunctiva and freely movable with it. Barely perceptible normally, they become distinctly outlined upon the slightest irritation, because of their dilatability and superficiality. On the other hand the anterior ciliary vessels are beneath the conjunctiva. Arising about the tendons of the recti muscles, they lie upon the sclerotic and extend in single or double tortuous lines to within a few millimeters of the corneal margin, where, after numerous anastomoses which make a circum-corneal plexus of dense capillary loops, they disappear into the sclerotic to eventually join the blood supply of the ciliary region.

"It must be borne in mind that the superficial conjunctival vessels and the deeper ones of the episclera communicate with each other at the corneal margin, so that the conjunctiva receives some of its blood supply from the ciliary region, through certain small branches which enter it from the episcleral, pericorneal plexus, and which in it (usually in straight lines), run backward (anterior conjunctival vessels). This explains why a ciliary congestion of some duration gradually produces more or less hyperemia of the conjunctival system also, resulting in combination of the two forms of congestion. The converse, however, is not true. So long as the cornea is not affected, a long-continued conjunctival congestion is not apt to induce ciliary congestion." (Haab.)

It is evident then, that ciliary congestion involves the deeper structures of the eyeball, while conjunctival congestion affects the superficial anterior coating. Therefore, while conjunctival troubles are not dangerous to sight so long as the cornea is unaffected, ciliary troubles always endanger the sight, leading surely and painfully to blindness unless properly treated.

it is impossible to treat the subject with any degree of fullness without transgressing the rules of proportion and extending it beyond reasonable limits. I have, as a matter of fact, far exceeded the limit I assigned to this paper.

In giving prominence to pain as the principal symptom in these disorders, I by no means minimize the importance of other symptoms. They must never be overlooked or underestimated. But a discriminating knowledge of the significance of pain, taken in connection with other symptoms is, in my experience, the surest way of arriving at a correct diagnosis of diseases of the female pelvis.

SOME IMPORTANT DIFFERENTIAL DIAGNOSES

By C. V. ROMAN, PH. D., M. D.

READ BEFORE THE TENNESSEE STATE MEDICAL ASSOCIATION, JUNE 10, 1909

There are two ligitimate objects with which medical papers may be written.

1. To make an actual contribution to existing knowedge—add something to the intellectual storehouse of the profession, such as did Faraday, Lister, Virchow, Koch, Sims, and a mighty host "whose distant footsteps echo through the corridors of time." No higher honor can come to an individual in this world than to add to the sum of human knowledge.

2. To popularize facts already known to the profession—to divide among the many, the possessions of the few. This is almost as important as the first. The planets add to the glory of the Heavens, though they but reflect the light of the suns. The work of pioneers would be of no value if the knowledge gained died with the discoverer. To insure the fullest blessing to mankind every Christopher Columbus must be followed by at least one Amerigo Vespucci.

Under this head I hope for justification. I have nothing new to present. My sole object is to place in a little more available form some facts well known to the specialist, and thus contribute to the advance of the profession by assisting in the diffusion of knowledge.

Medicine is both a science and an art. The science of medicine has for its object the study of disease. The art of medicine has for its object the two-fold duty of preserving the health of those who are well and restoring to health those who are sick.

Diagnosis is a branch of the medical art. The word is derived from two Greek words meaning to know through. To make a diagnosis, then, means to know through the patient's trouble, to understand its etiology, interpret its symptomatology, classify its nosology and gather all data that will enable the examiner to answer comprehensively the question, "What is the matter?" Diagnosis is a fundamental prerequisite to reasonable treatment and sane prognosis.

Differential diagnosis is recognizing and properly classifying diseases whose symptom-complexes more or less resemble each other.

These well known medical truisms are here recited as a suitable exordium to a discussion of "some important differential diagnoses" that should be known by everyone who essays to treat of any diseases of the eye, ear, nose, or throat.

The acute diseases of these organs are usually first seen by the general practitioner. He, then, should be able to distinguish the serious and dangerous diseases of these organs from those which are slight and transitory.

THE EYE

1. Ciliary and Conjunctival Congestion.

Redness or congestion of the eye is one of the commonest symptoms of eye troubles. It may be the indication of some slight and transient irritation that will right itself in a little while without any treatment or it may be the initial step of a serious malady that will eventually destroy the eye unless the most careful treatment be used.

To illustrate from cases seen: A whiff of smoke, blown into the eye from a passing locomotive, might cause the former condition; and a bit of infected rock, thrown by a horse's foot in such a way as to slightly wound the corneal epithelium, might be the cause of the latter. How is one condition to be distinguished from the other? One is conjunctival congestion and the other is ciliary or circum-corneal congestion. To differentiate them, several things must be noticed. Color, position, movability, pain, duration, manner of onset, and the action of certain drugs, are all points of discrimination.

A brief glance at the arrangement of the blood vessels will be helpful. The vessels of the sclerotic portion of the conjunctiva enter at the fornix and radiate in wavy arborizations towards the cornea, growing smaller as they approach it. They are in the conjunctiva and freely movable with it. Barely perceptible normally, they become distinctly outlined upon the slightest irritation, because of their dilatability and superficiality. On the other hand the anterior ciliary vessels are beneath the conjunctiva. Arising about the tendons of the recti muscles, they lie upon the sclerotic and extend in single or double tortuous lines to within a few millimeters of the corneal margin, where, after numerous anastomoses which make a circum-corneal plexus of dense capillary loops, they disappear into the sclerotic to eventually join the blood supply of the ciliary region.

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When we consider the value of eyesight, we see the importance of this differential diagnosis.

A.—Color. In conjunctival congestion it is brick-dust red; in ciliary congestion it is a bluish-red, pink, or crushed raspberry.

B.—Position. Conjunctival congestion is greatest at the fornix, decreasing as it approaches the cornea; in ciliary, the opposite is true—it is greatest in the circum-corneal region.

C.—Movability. The superficial conjunctival vessels are freely movable with the conjunctiva; the episcleral vessels are not.

D.—Pain. Pain is usually much more intense and persistent in ciliary congestion than in conjunctival congestion.

E.—Duration. In ciliary congestion of long standing, vision is always impaired. Conjunctivitis may exist for years without perceptible diminution of vision.

F.—The Manner of Onset is not distinctive, though ciliary congestion is more apt to be insidious in approach while the advent of conjunctival congestion is frequently very sudden.

G.—Action of Drugs. Conjunctival congestion yields at once and completely (if only temporarily) to adrenaline solution. Ciliary congestion, on the contrary, yields slowly and imperfectly to this drug.

H.—Conjunctival congestion usually involves the plica, semi-lunaris and the caruncle. These parts are rarely involved in ciliary congestion.

Finally, traumatic cases aside, ciliary congestion is more apt to be associated with a diathesis than is the conjunctival form.

2. Keratitis, Iritis, Glaucoma.

Ciliary congestion means an involvement of the cornea or the "filtration angle" (Iritis, Cyclitis, Irido-Cyclitis, Glaucomo).

Corneal disturbances can be readily recognized by proper inspection.

The distinction between Iritis and Glaucomo is not so readily made, however, but is absolutely necessary for correct treatment. The treatment is diametrically opposite, and a mistake is fatal to the patient's vision.

A careful observance of the following facts will enable any intelligent physician to make the differential diagnosis:

SYMPTOMS	IRITIS	GLAUCOMA
Ciliary Congestion	Always present	Always present
Pain	Always present	Always present
Tension	May be increased	Always increased. Eye may be stony hard
Cornea	Clear and sensitive to both light and touch. Photophobia usually present	Steamy with both tactile and light sense diminished; photophobia never present
Pupil	Contracted	Dilated
Age	May occur at any age. A disease of young adults	A disease of old age. Seldom occurring in persons under 35 years

Diathesis	When not traumatic, is usually a secondary disease. Syphilis, gonorrhoea, rheumatism, and tuberculosis being the most frequently associated constitutional conditions	Not identified with any particular diathesis
Race	No distinctive ethnic predilection	Jewish race peculiarly susceptible
Anterior Chamber.	Usually normal	Shallow
Dioptric Media.	Ophthalmoscope cannot be used with satisfaction	Ophthalmoscope will often show excavations of the head of the optic nerve and pulsation of the retinal arteries
Drugs	Mydriatics indicated. Atropine is curative	Miotics indicated. Eserine palliative

THE EAR

The crafty dissimulation and constructive ingenuity of nature seem to have reached their acme in the formation of the ear. Apparently the simplest of organs, it is in reality one of the most delicate and complicated mechanisms in the human body. In delicacy of construction and importance of function, it rivals, if indeed it does not excel, the eye.

Anatomically, or structurally, the ear is divided into three parts—external, middle and internal ear; physiologically or functionally there are but two divisions—a conducting and perceiving apparatus. Upon this fact is based "some important differential diagnoses." Given any disturbance of the ear, either organic or functional, and the question of location at once arises. Is it in the external or middle or internal ear? Is it in the conducting or perceiving apparatus?

How can one institute proper treatment or make a correct prognosis unless he can make these differentiations?

They are too long and too easy of access to reproduce them here. Any respectable work on otology will give them.

THE NOSE

No part of the human body, the female generative organs excepted, has suffered so much mutilation at the hands of misguided surgery as the nose. The turbinates and the septum have been the chief points of attack.

There are "some important differential diagnoses" to be made by the one who would succeed in rhinology. I will mention but two: a—The differentiation between intumescent and hyperplastic rhinitis. b—Simple acute rhinitis in the young and congenital syphilis.

Here is D. Braden Kyle's differential diagnosis:

SPECIFIC RHINITIS	SIMPLE ACUTE RHINITIS
Parental history specific	Parental history non-specific
Child small, imperfectly developed, shrivelled and senile in appearance	Child normal
Skin unhealthy, sallow in hue: varied rashes present	Skin normal: no characteristic rash

Specific lesions present, including condylomata, mucous patches, copper-colored blotches, onychia, osseous, enlargements, alopecia, or a peculiar brittle, lustreless hair, ulcerated lips, rhagades, and, rarely, subcutaneous hemorrhages	Absent
Enlarged liver and spleen	Normal
Child rarely smiles, has a plaintive, feeble voice, and a peculiar characteristic cry	Child normal in these particulars.
Fretful and wakeful at night	May fret occasionally but, as a rule, sleeps fairly well
Nutrition greatly impaired during local manifestations	Nutrition unimpaired
Painless enlargement of glands, especially cervical, cervico-maxillary, inguinal maxillary	Maxillary glands may enlarge, not usually. Painful
Runs a fixed course	Not definite; irregular
Pyrexia absent	Moderate fever at onset
Tendency to ulceration of membrane and cartilage, with flattening of nose.	No ulceration nor flattening and rapidly terminates
Discharge purulent, with shreds of necrotic tissue, frequently blood-streaked and offensive	Discharge never absolutely purulent, rarely bloodstreaked and is inoffensive
Formation of nasal crusts	No such formations
Fissures and ulcers in alae nasi	Not seen

The author significantly adds, "Simple acute rhinitis in children must not be confused with the purulent variety contracted by exposure to infection in the birth-canal of the mother."

THE THROAT

The acute inflammatory diseases of the throat furnish another field for "some important differential diagnoses." For example, follicular tonsilitis and diptheria.

But the limits of this paper (already too long) will not permit further details. I will say, however, an examination of the base of the tongue, including the lingual tonsil, with a laryngeal mirror, will furnish the explanation of many an obscure sore throat.

The great Faraday once said: "First tell me what I am to look for." This is what I have tried to do for those seeking efficiency in diagnosing diseases of the organs of special sense.

SIDE GLANCE AT HISTORY AND PROGRESS OF MEDICINE

By G. H. WILKERSON, M. D., Extracts from Address of President Alabama Medical, Dental and Pharmaceutical Association at its Annual Meeting in Selma, April 14-16, 1909

Gentlemen: Definite historical consideration and study relating to our profession is given practically an indifferent place during our pursuit in school, therefore, I have thought that it would be interesting to invite you to have with me a few side glances at the historical aspect of our profession, with a limited consideration of a few things concerned in its progress and present development.

I do not hope in the scope of an address to embrace in detail, all of the systems, theories, characters, and other things associated with the growth of the science, nor is the subject of such quality and nature as to permit any larger degree of originality. I hope, however, to commend to you that interest which will cause you to seek personally to broaden your knowledge of the subject by application, investigation, and study from a more comprehensive source.

I don't suppose that man has ever cherished a belief in the "iridescent dream" that the world would ever be rid of disease and pain, but he early possessed a consciousness that under certain conditions and by some means life could be made more tolerable to himself and neighbors by reducing suffering and disease to a minimum. Pain and disease in manifestation are as old as man; to seek relief is co-eval and co-ordinate in expression.

It requires no philosophical powers to discern and interpret that life is a sum of contraries mutually complemental. Emerson aptly expresses it as an "inevitable dualism." Positively thinking of life, the negative, death, is suggested; creation is perennially associated with dissolution, joy with grief, pleasure with pain, health with disease. This last relative makes an appeal and gives birth to medicine. From its necessity and nature the authentic origin of the healing art is veiled in darkness as impenetrable as the mysteries of creation.

The disposition of primitive man to deal in the fabulous, the miraculous, the mystic and myths, adds to our confusion in determining the beginning and dates of many subjects and events in history. It is a subject of record, however, that our earliest knowledge of medicine is not as a science, "but an undigested collection of experimental notions," "disfigured by tradition and made inutile by superstition and ignorance," too often disgusting in method and practice.

With a sphysmic conception as to the relations of bodily disorders, the Chinese claim that medicine was invented nearly 3000 B. C. The Brahmans, with the belief in multiform and tubular construction of the parts of the body, claim a date almost as ancient. They are credited with the earliest recorded way of determining the density (specific gravity) of the kidney secretion by dropping oil in it, regarding the phenomenon as to its floating or sinking for prognostic purposes.

In portions of the Bible subjects are treated relating to general sanitation and personal hygiene in writings attributed to Moses and Solomon. This indicates that the Jews had early ideas about the healing art.

On the antiquity of medicine we turn to the Greeks, a people rich in mythological and legendary antece-

dents, and also reliable traditions for the most enlightening early records on the science. Long ere Priam's stubborn host and Trojan valor were overcome by Grecian persistence and strategy, 1184 B. C., Aesculapius practiced and taught the healing art. He was the inventor of systematic medicine, and it was for Hippocrates, 460 B. C., by method, elaboration and classification, to make clearer the path in a primary, yet vigorous advance toward placing medicine in the category of sciences.

Our science is eternally indebted to the early efforts of Aesculapius and Hippocrates for its redemption from the chaos of "superstition, irregular and unsettled notions" to a condition of order and systematic study.

Hippocrates first classified disease: as to location, internal or medical, external or surgical; as to course, acute and chronic, with sporadic, endemic and epidemic expression. The proverbial Hippocratic facies and his classical description of the phthisic anatomical form suggest compliments to his discriminative observation and power to grasp and interpret details. The stress he first placed on posture, appearance, and other things in the category of objective evidence, are things of cardinal import to the physicians of this day. On hygienic topics, his treatises wisely consider air, water, place, regimen, diet; with other subjects as gyneacology, pregnancy, accouchement, superfoetation, dentition, epidemics.

Co-temporaneous and subsequent to Hippocrates, there were other schools and systems of medicine with different degrees of merit. Frequently famous names in history appear either as founders, disciples or apostles of some of them. Most of the ancient systems of medicine were tainted with errors, ensnared by speculation and superstition, and hampered by dogmatism. Considering the prevailing customs and order of their time history has a tender regard for them. The search for Truth has often been slow and misdirected; our feet in the present are oft hampered and beset by the snares and pitfalls of error and ignorance; the wonder is the wisdom displayed in many things in the past by pagan generations. The tendency to perfection, progress, is the law governing human events in spite of paradox.

After Hippocrates, another character, whose life was a milestone in the progress of science, is Galen, 131–201 A. D. In the face of the limitations and slavery of the prevailing superstitions and traditional dogmatism of his age, he was the bold pioneer in analytic investigation and study. He shattered the locks fastening the doors of concrete nature, forced an entrance into her treasure house enjoying a partial panorama of truthful revelation. Disregarding speculative abstractions he plied his questions to material things. His was the splendid mission, in his own words, "to enlarge and make plain" the path first found by Hippocrates—the study of medicine scientifically. He was the first vivisector and real anatomist. The demonstrations of the dissecting room lighted his path.

Galen wrote on myology, classified and named muscles according to form, function, shape and position; noted the difference between the arterial and venous circulation; discovered the glandular system; recognized motor and sensory nerves, and had an idea of the sympathetic system. He divided the body into the cranial, thoracic and abdominal cavities and described the viscera of each with their coverings. His first service to the fundamental branches

of our work, anatomy and physiology, indicates the far-reaching relation of his contribution to the science. A clear knowledge of these two branches was the avenue which led at a later day to Harvey's discovery of the circulation in 1613.

Galen in his day gave great eminence to the gross structure and function of the human body, anatomy and physiology; Virchow, in this period, in his study of cellular structure in minute relation to physiological and pathological process, has performed an unequalled service to place medicine in the realm of an exact science.

The study of the lower forms of organism and their relation to fermentation and putrefaction by Pasteur gave birth to the germ theory of disease. With the magnifying lens we read in letters as brilliant as the noonday sun that "cleanliness is godliness." Pasteur, in addition, is the author of an effectual treatment of hydrophobia through which means hundreds are saved annually from death by rabies. The recent establishment of a place in Montgomery by the state, a sanitarium for the free treatment of victims of this malady indicates a practical compliment to the service Pasteur rendered mankind.

Since the demonstrations of Lister on sepsis and antisepsis, revealing the true theory of wound infection, no organ or cavity is safe from the intrusion of the surgeon's knife when indicated, with security against bad results as a sequel of sepsis. The wonderful success in modern surgical procedure is the glory of the applied technique as taught by Lister.

In vaccination, artificial immunity, introduced by Jenner, we have an effective and advanced way in dealing with small pox. To my mind vaccination was the suggestive fore-runner of serum therapy.

The spheres of prophylactic and curative endeavor have been marvelously broadened. Diptheria, typhoid malarial and yellow fevers, and other processes *materiae morbosae* are becoming subservient to vigorous and well selected sanitary regulations, and the expression of disease in epidemic form will soon be a matter of history.

The discovery of anaesthesia in the middle of the nineteenth century enlarged the possibilities of surgery, and the X-ray of a recent date adds signally to the efficiency of this day.

The health of the common people is a fundamental asset of economic efficiency. The practical grasp of this fact is seen in the appointment in some of our progressive municipalities of a medical inspector for our schools. Although there may be no legal affiliation this is an enlargement of the purposes of state boards of health.

I reiterate my former plea for thorough educational equipment as a basis for vigorous, progressive and efficient professional life in the race.

One professional school for our people has almost an aggregate of one thousand graduates, eight per cent. only of them have an A. B. degree. I commend this to you for thoughtful analysis and silent deduction.

Thorough education and culture dispose of ethical problems and perplexities where gentlemen are engaged in a common calling.

All of the larger cities of this state need Negro physicians in larger numbers. A magnified presence has helpful effects on race consciousness and confidence, and appeals stronger to pride and patronage in a helpful way as it adds to the efficiency which is the golden growth of competition, both racial and inter-racial.

I commend to your patronage and support the Journal of the National Association which made its initial appearance in March. In all of its features it speaks complimentary for the Negro professions, as it will serve a splendid agency to encourage local and general organizations throughout the country.

TUBERCULOSIS: THE NEGRO'S MOST CRUEL FOE

(WITH A PLEA FOR EARLY DIAGNOSIS)

Abstracted from Address of DR. ROBERT T. BURT, Clarksville, Tenn., President State Association

A disease that kills almost one-half of the human family with the Negro's percentage rate looming up to such an alarming percentage should be reason sufficiently great for the warfare now being waged against it.

The germ of Tuberculosis is one of the smallest known and very simple looking in its appearance and attacks any organ of the body as lungs, throat, the membranes of the brain, the bones, kidneys, bladder, skin, liver, intestines, and lymphatic glands. Some organs develop the disease more readily than others, and some races will develop it more quickly than others; the Negro, for instance. Before the Negro was freed, Tuberculosis was an exceedingly rare disease; while at the present time it is the scourge of the race, and it is alarming to relate that the percentage is one hundred and fifty greater with the Negroes than with the whites of this country today. And it is exceedingly sad to state that our own Nashville prides herself with the third rank in the mortality list of the United States, and the question is, if Tuberculosis has made such a physical impression upon the Negro in 40 years, what—yes, what—is his future hope unless our own physicians take a stand with other men and make an uncompromising fight? When one class of people live, thrive and are seemingly almost immune from certain maladies, and another class, side by side, becoming rapidly extinct, it becomes the duty of every citizen to seek out the causes which have led to the betterment of the one and the destruction of the other, and apply whatever remedy there seems to be indicated to extirpate the evil.

Read with me, if you please, ladies and gentlemen, the record of our own Memphis, September, 1907. The death report from the six most dreaded diseases in that city during that month was as follows: Measles 2, Scarlet Fever 10, D ptheria 13, Appendicitis 19, Whooping Cough 35, Typhoid Fever 45, total 124; while the deaths from Tuberculosis during the same month were 265, a condition which at once looks grave, and threatens the perpetuity of the race. And this is not all, gentlemen. I can present to you statistics this afternoon to prove that the death rate for the Negro is from two to seven times that of any other race with the exception of the Irish, whose death rate is about two-thirds that of the colored.

A comparison of the total population emphasizes the seriousness of the condition among our people. While the Negro people are eight and one-half millions, or 11 per cent. of the whole population, only five of the twelve nationalities, England, Hungary, Scandinavia, Poland, Germany, France, Bohemia, Ireland, Scotland, Canada, Russia and Italy, the United States are over a million in number. The Germans number six and one-half millions, but their death rate is only one-third that of the colored race. England, Canada and Scandinavia are each a little less than

two millions, with a death rate less than one-third that of the colored race. Their Tuberculosis problem, together with that of other nationalities, becomes almost insignificant. Only the Irish offer a Tuberculosis problem which is at all compared with that of our race. But the proportion of the Irish is only one-half that of the colored, and the death rate is only two-thirds. The greatest mortality for the Negro is between 16 and 44.

Now, as you have no doubt noticed, I have deliberately avoided all discussion of causes in all that I have said in order to make clear the prevalence of the disease among our people. The discussion of the cause of the high death rate is profitable only so far as it assists us in an effort to stamp it out. This is a statement which should be emphasized for the reason that at this point there are some who become unreasonable and separate, the one class inclining to ascribe the prevalence entirely to racial characteristics, and the other class ascribing it altogether to environments.

The extent to which the racial element enters into the cause of the disease really has not been determined, but in my opinion, racial element has but little or nothing to do with it.

The great question that now concerns us is—what can the physician do? The reply should be—teach the people. I long for the time to come when the colored medical fraternities may arrange a series of public lectures in every city. I believe if we could have in every community where there is a sanitarium or hospital, public exhibits of specimens moved from the human body, real specimens, of the lung especially, labeled so that every one could understand; if the public could see the various organs of the body in which the disease has made such horrible ravages, they would cease doubting early diagnosis and would consign to the sewer—the proper place—the great host of advertising consumption cures and nostrums, whose only effect is to deceive and soothe, as by the touch of Morpheus, till the golden moment for cure is lost.

Let us be more careful, ladies and gentlemen of the profession, to make an early diagnosis; there is nothing in the whole range of practice so important as the diagnosis of incipient Tuberculosis, and more than this is a detection of a tendency to the disease. Here lies, above all, the work of the family physician upon whom the brunt of the fight against Tuberculosis must fall, in whom must lie the success or failure of that fight. How often are early cases called indigestion, a little run down or chronic malaria, or how often do we hear that most unpardonable explanation for a patient's condition, "You are threatened with consumption." One either has it, or he has it not, and there is no such thing as being threatened. And may gracious Heaven soon bring the day when men will no longer hear such expressions in medicine.

Early diagnosis is such an essential principle in these days of the X-ray, Microscope and Tuberculin, that there is no excuse for delay, but a simple justice to both self and patient. In the last few years the use of Tuberculin for diagnostic purposes has been greatly extended and its value is no longer questioned. It is my experience when properly used, it gives absolute information as to the presence or absence of Tuberculosis. In the last year particular attention has been given to the so-called reaction of Tuberculin. Calmette shows by the instillation of the dilute solution of Tuberculin into the eye of the Tuberculosis pa-

tient, was followed in a few hours by a local reaction characterized by congestion of the palpebral conjunctiva and caruncle with a more or less abundant serofibrinuous exudate which tended to accumulate in the inferior cul-de-sac. The reaction disappears in from 24 to 48 hours; is accompanied by very little discomfort, and gives a positive diagnosis of the existence of the Tuberculous lesion.

I admit that in many instances with many of the physicians in the smaller cities, the X-ray and Microscope are not practical. First, because of the lack of time and facilities to use it. Secondly, because of the expense; but I see no reason whatever why we should not carry Tuberculin in our medical armamentariums. Judging from the results already obtained it can be said that for the purpose of diagnosing a disease that is destroying more lives than war, pestilence and famine, we have a valuable agent which is destined in the course of time to take a prominent place in our every-day practice

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SHOCK FROM A SURGICAL POINT OF VIEW

Extract from Paper by J. H. ALLSTON, M. D., Summerville, S. C., President Palmetto Medical Association, 1908-1909

READ BEFORE THE ASSOCIATION AT ITS ANNUAL SESSION, COLUMBIA, 1909

I desire to present some of the results deduced from various investigations which have been going on relative to Shocks, more particularly those of George W. Crile, of Cleveland Ohio, which teach us so much about the pathology and treatment of this condition, and I feel justified in presenting the subject for your consideration this evening.

Shock is described by various authors as a condition of collapse resulting from physical injury, or mental emotion, or both, whereby the functions of the nerve centers are more or less suspended.

Crile has shown the difference between shock and collapse very clearly. According to him collapse is immediate, sudden depression which may result from cardiac failure, hemorrhages, or from injuries to the vasomotor centres. Shock is a gradual depression due to exhaustion of vasomotor mechanism. It is a vasomotor break-down from overstimulation in which there is dilatation of the arteries and consequently a decided fall in blood pressure. The conclusions reached show that the blood pressure is lowered, specific gravity of blood increased; the body temperature also lowered.

By experimentation on 243 animals, Crile has given a graphic description of his findings, and at any time during his experiments the blood pressure can be seen, and he emphatically states, as the essential phenomenon in shock, a diminution of blood pressure due to vasor motor exhaustion. Experiments show and prove that feeble action of the heart is secondary to the low blood pressure shown and demonstrated by Goltz, Cobbit and Roy, and from a chemical standpoint this confirms the immediate effect—a restoring of force of contraction from a temporary rise produced by intra-venous injection of NaCl or normal salt solution. Crile's opinion is that the heart is the base of support of blood pressure and any interference with it causes at once a change in pressure. In his

latest work on blood pressure in surgery he argues that "in shock the essential phenomenon is a diminution of blood pressure." We have to conclude exhaustion is the cause of the fall, for there are no visible lesions in fatal cases, and no later effects in those that recover.

We may then exclude the heart and its centres as factors in the primary causation of shock and look to the peripheral resistance as the essential factor, which is due to an exhaus ion of the peripheral nerve vascular mechanism. The outpouring of lymph into the tissues in excess of normal, which thickens blood, is a factor of lowering blood pressure, and adds to the condition of shock, and invariably a fall of specific gravity.

Kinnaman, while assisting his father with railroad injuries, noticed when persons were allowed by negligence to lie upon the ground any length of time, the shock recorded considerably more than if the patients were put upon a cot or boards, and warmly covered, if convenient. This indicated that marred loss of body heat incident to contact of the body with the ground must increase the degree of shock; therefore it is very important to consider the fall of temperature in shock. The fall of body temperature is usually noticed on persons who are scalded. If covering a large area, various experiments show clearly that there is a gradual fall of body temperature from its outset till death. Limiting the fall in temperature limits the fall in blood pressure; therefore shock is limited or prevented to a certain degree. The fall in body temperature is sole cause of the condition of shock.

TREATMENT

Now in accepting these various modern, accurate experimentations, we can see how unreasonable, therapeutically, and injudicious it is to use such drugs as alcohol, strychnine, nitro-glycerine, nitric amyl and digitalis; and on the other hand we get favorable results from adrenalin, warmth and ergot. Now with modern rational therapy, based upon a known and definitely understood physiological action of the remedy and distinct appreciation of the pathological condition present in the individual, it will need no argument to show the irrational use of the above-named drugs, to which I will allude-seriatum.

Hare states emphatically that alcohol is not a true stimulant of the circulation. It produces no change in force or rate of pulse in large doses. Alcohol depresses and finally paralyzes the heart and vasor motor system which is contra indicated in surgical shock.

Crile says: First effect in shock caused by alcohol is a decline in blood pressure, which increases the shock, the extent depends on size of the dose. In some cases where large doses were given death resulted immediately. The more severe the shock the more marked the depressing effect.

Strychnine is another drug which is contra indicated in shock. W. W. Keen has entirely given up its use, so impressed is he with Crile's findings, and has substituted adrenalin, for he is satisfied that strychnine has little or no effect in raising the blood pressure in this condition. Edward Martin favors strychnine before operations, but not where there are any indications of shock. Dacosta is convinced that Crile is correct as to the futility of strychnine in shock, as it only hurries the circulation without strengthening. Stimulants are contra indicated as they increase the severity of the condition. Hare, a great advocate of strychnine, admits that it is useless in stimulating the vessels of the

vasomotor centers (in shock), for this center is too depressed to respond and he advises adrenalin in this condition.

Nitro-glycerine increases the volume and decreases the frequency of the pulse at first, but the immediate effect on the blood pressure is shown by Crile to be a fall, and decline is rapid. It shows that nitro-glycerine, strychnine, and amyl nitrate distinctly increase the decline, consequently increase the shock.

Digitalis, though not as thoroughly condemned by Crile, is just as useless its action being at first too uncertain. H. C. Wood says it is unreliable, especially in emergency cases, on account of its slow absorption.

Dismissing then these drugs that are almost absolutely useless in condition of shock, we will consider the ones to rely upon: First and foremost among which is adrenalin. This drug is a stimulant to the respiratory center and to the involuntary muscular fibres of the body. It increases matabolism and body temperature. a rational combatant to the condition of shock. Crile's experiments prove conclusively that adrenalin increases blood pressure. It is a remedy clearly indicated in shock; combined with warm hypodermoclysis of normal salt solution we add the element of water to the economy, diluting the blood and lessening the specific gravity. This drug acts best when given intravenously. It should not be given per orum or rectum if used for systemic effect, because of the rapidity with which it undergoes alteration in the body. Given intravenously in cases of cardiac failure or lack of vascular tone, or to overcome the dangerous relaxation sometimes occurring in chloroform anaesthesis, adrenalin has no equal in proving its valuation in controlling shock by raising blood pressure, so that life is saved. We may have to resort to it hypodermically though not as desirable as intra-venous injections, but it is frequently used with beneficial results with 10-15 M. of 1-1000 sol. Stronger than this should not be used, as it will produce ischaemia of the parts. There is on the market a sol. 1-1.000 of this one to two drachms added to a part of normal salt sol. and given hypodermically if it is not possible to do so intra-venously. Warmth is especially necessary to preserve body heat or temperature in order to counteract the effect of shock.

Ergot seems to be somewhat in favor. Its action is somewhat similar to adrenalin. It is a valuable adjunct to the condition of shock.

I have had under observation several surgical cases developing in shock, due to traumatic injury, or from results of operation, and my mainstay or combatant is adrenalin.

And in conclusion I desire to call your attention to the inefficiency of excessive stimulation by useless remedies alluded to, and must exclaim with Crile, "May it not be true that the cases of shock that recover under treatment of heroic stimulation do so in spite of, rather than in consequence of, the treatment."

AN ANATOMICAL ANOMALY

By H. E. SIMMS, M. D., Chattanooga, Tennessee

"To err is human," so says some wise man of old, and in basing my judgment on following case, "To err is also nature."

During February of 1907 the author of this article was called to see Mr. H. who was found to be suffering with pains in the back and limbs. After a rather cursory history and a physical examination which was given as much for the sake of routine as it was to confirm my "snap diagnosis" of "la grippe," the following observations were noted; owing to the fact that the history of this case contains nothing of special interest it will be omitted.

The physical examination is as follows: (a) Inspection: the patient fairly well developed and nourished; (b) Head and Neck: negative; (c) The Chest: the cardiac impulse is visible 2 cm. outside nipple line on right side. It was absent on the left side. Apex of heart is found in the fifth interspace on nipple line 4 cm. below the nipple on the right side. The right border was about 2 cm. within the nipple line. The left border was not definitely outlined; in short, the heart occupied the relative position on the right side as the normally placed organ; (d) Abdomen: On further examination the position of the liver was found to be reversed as was also the stomach; the spleen could not be definitely located.

This man is the father of eight children all of whom upon examination were found to be perfectly normal. A fact worthy of notice is that the patient is left-handed. An explanation of right-handedness was given to me by one of my instructors in the medical school. His theory is that owing to the direct course of the left carotid from the aorta, the left brain, in which is found the motor and sensory areas for the right body, receives its blood sooner and consequently is developed sooner, which explains the use of the right limb in preference to the left one. So this case bears out that theory, as far fetched as it may appear to be.

REPORT OF SOME ABDOMINAL SURGICAL CASES OF PATHOLOGIC, TRAUMATIC AND FREAKISH ORIGIN

By J. WALTER WILLIAMS, M. D., Charity Hospital, Savannah, Ga.

READ BEFORE THE GEORGIA STATE MEDICAL ASSOCIATION, MAY 6, 1909

After duly considering the importance of what I might say that would be of most value to the Georgia State Medical Association of Colored Physicians, I have decided that I could do no better than select a few cases of abdominal surgery done by me at the Charity Hospital, Savannah, Ga., which cases exhibited conditions of pathologic, traumatic and freakish origin. It is not my intention to attempt to convey the idea to this body that there is anything extraordinary in these cases selected. These conditions are likely to occur at any time or place in the practice of any physician, but they require more than a casual observation to be determined. It is my intention, however, to prove that facilities are springing up on every hand giving

the Negro surgeon opportunity to rely on his own ability in caring for his patients almost under any circumstances anywhere in his field, no matter what the nature of the illness or injury may be.

Under such circumstances the Negro physician can in time sustain the same relation to his clientele the white physician sustains to his, for he will be able to prove his ability in surgery as he is proving it in general practice.

Case 1: Minnie J., age thirty, widow, consulted me April 30, 1903, and gave a history of good health up to about two months of her existing illness. She complained of bearing down pains in pelvis, extending to hips and thighs, and obstinate constipation, difficult urination, and abundant leucorrhea.

On examination the uterus was found to be displaced, horizontally, from before backward. The OS was resting anteriorly, with the fundus, well down on the rectum, presenting a bulging fixed mass.

The patient was doing service as a cook and general house woman, having two flights of stairs to climb several times daily, and was on duty in this condition up to two days prior to seeking medical advice.

A suspicion of gonorrhoeal infection of the uterus and its appendages was my diagnosis, although it was not confirmed by microscopy. Evidence of the presence of pus was so plain, that there was no doubt in my mind as to the hasty expedience of surgical intervention.

On account of superstition and prejudice, my patient and her friends were against an operation and going to the hospital, and I could not prevail with her to go at once. In the meantime, for about five days, I gave palliative treatment, but the condition grew worse. Convinced that there was but one of two things to be done, she consented and was sent to the Charity Hospital, May 10, 1903.

The usual preparations were made and on the 11th of May, at noon, I operated. The patient being in a depressed condition, after the beginning of anaesthesia, chloroform was suspended and ether substituted.

A free incision was made in the median, from a point about an inch and a half above the umbilicus to a point just above the bladder. A free incision was made on account of the thickness of the walls due to the abundant adipose and extensive adhesion. On exposing the viscera, the fundus was found buried deep down in the sacrum, and the tubes were knotted and twisted, and their contents formed a stubborn, strutting mass ready to burst at touch. On trying to get the hand behind the right tube, it ruptured, and delivered into the cavity and space around a quantity of thick, yellow, blood-streaked pus, with clots of cheesy consistency; this made more room, however, and more precaution was taken in breaking up the mass of adhesion on the left side. In the midst of this mass was found a haematoma. The contents of this sack I asperated as carefully as I could; after which I opened both sacs freely, feeling that there could be no further danger of infection than had already taken place in the accidental rupturing of the right sac.

All organs were left intact after breaking up, as well as I could, the adhesions.

The injury to both sacs having been repaired, the toilet consisted of a copious washing out of the cavity with normal salt solution, and guaze wick drains encased in sterile rubber tissue leading from both sacs. The encasing of gauze in rubber tissue facilitates its withdrawal. Number 0, Chromicized Catgut,

Vanhorn, for the peritoneum, and Number 2, Chromicized for the other three layers of stitches, viz.: muscle, fascia and inregumet. This completed the toilet except for dry sterile gauze and Scultetus bandage. Time of operation, one hour and ten minutes.

Excepting discomfiture from strain of nausea, a slight rise of temperature on the third day after removal of drain, and a subsequent irritation due to unabsorbed ligature knot near the drain opening, the patient had an uneventful recovery, and was enjoying good health when I saw her in the latter part of 1908.

Case 2: George C., age eight, was brought to my office about 9:30, April 17, 1903, in a limp and comotose condition. He had been shot by a playmate with a 38 calibre revolver of the bulldog type. Examination revealed a ragged powder-burned hole to the left and over the sternal end of the fifth rib.

The missile made a glancing and slanting entrance downward and backward into the body to the right. There was no external hemorrhage, but there was every evidence of profuse internal hemorrhage, as the temperature was subnormal, the pulse weak and almost imperceptible and a vomiting of recently ingested food. The entire condition being accompanied by general shock and claminess, I gave first, aid attention, including a 1-30 grains strychnia sulph. puncture, and had the boy hurried to Charity Hospital for immediate operation.

The patient was given for anaesthesia, chloroform and ether alternately, his condition having slightly improved after the 1-30 grains strychnine puncture, and the operaation was hurried. In about an hour the patient was prepared and anaesthetized. A liberal incision was made in the median, beginning just below the ensiform cartilage to a point below the umbilicus. The incision below the umbilicus was made only after it was found that the opening already made was too small to work in, for the lower abdominal cavity was full of blood clots.

The missile had penetrated the middle of the left lobe of the liver, at a point equi-distant from the end of the ensiform, and the upper margin of the pyloric curve of the stomach, barely missing this organ, and made its exit at the boundary of the spigelian and left lobes of the liver, lodging in the muscles of the back. The exact location of it was not ascertained at the time.

Profuse venous hemorrhage had taken place and was immeshed in the interstices of the viscera. One stitch of silk ligature in the entrance and two in the exit, comprised the operation on the liver.

The toilet consisted of washing out the cavity thoroughly with normal salt solution and leaving it full of the same.

The cavity was closed without drain. Plenty of absorbent cotton was placed around the body over the dressing for warmth. I ordered 1-40 grain Strych. Sulph. hypodermatically every three hours. The temperature remained subnormal for two days.

Persistent vomiting of a coffee-ground character continued for three days. No attempt at feeding was made until the fourth day. The volume of the pulse improved and strychnine was given every four hours instead of three. The size dose of strychnine continuous for a boy of this age was pretty large, but I decided persistent administration was required. On the fourth day, to move the bowels, I gave a high enema of infusion of senna leaves

and magnesia sulph. Evacuation was satisfactory. From this time on the boy took liquid nourishment, and improved rapidly, and was discharged three weeks later. About four weeks after he was dismissed from the hospital, he came to my office complaining of pain in the back. Just about the margin of the posterior aspect of the ilium. I found a slight elevation of skin. I decided after manipulation that it was the lost bullet, and I forthwith put him on the chair, prepared the place, made a small opening, and removed a slightly battered leaden bullet. The boy recovered entirely.

Case 3: Pheobe G., age twenty-five. Gunshot wound. I first saw the patient about twelve hours after the injury was inflicted. This happened Chistmas Eve. about 10:30 p. m. A stray bullet of 38 calibre, a result of promiscuous shooting, furnished the cause for this case. Two physicians were called prior to my visit. The first made no attempt to give relief to the patient, and the second satisfied his conscience by placing an ordinary court plaster over the wound, evidently thinking there was nothing more to be done, and that the patient would die. Inspection revealed an ugly lacerated wound, penetrating the abdomen, splitting the naval in twain and containing parts of the corsage.

From the wound passed, on pressure, quantities of fluid with fecal odor and color.

The abdomen was greatly distended with gas. The general aspect presented was everything but hopeful. She was sent to the Charity Hospital Christmas day about 11:30. Hurried preparations were made, and anaesthesia was complete in about five minutes, there being already a comotose condition. Little hope was entertained for her surviving the operation. The umbilicus was chosen as a central point through which the incision was made. The whole abdominal cavity was filled with fluid, mixed with blood and exuded fecal matter. The missile had penetrated middle of the transverse colon and lost its force, as it was found in the folds of the adjacent viscera. On account of the distended condition of the bowels, I had difficulty in replacing them and bringing the margin of the peritoneum into juxtaposition. This fact gave me much concern as to the perfectness of the union, because the peritoneum was badly lacerated.

Only two layers of stitches were taken aside from the one already mentioned, to complete the closure of the wound. The muscle and fascia were taken together, and the integument separate with continuous stitches. I used Number 0 Chromicized for the peritoneum, and Number 2 for the others. After washing out the cavity with normal salt solution until there was neither color nor free particles, a quantity of the solution was left for absorption. The wound was closed with drain, which was left for three days.

A remarkable fact in this case notwithstanding my anxiety for its outcome, was, there was not the slightest untoward subsequent symptom. The patient was able to be dismissed in three weeks after operation, recovery being complete. (See note.)

Case 4: Mrs. A. P. Age thirty-two, married. Nulipara, duration of married state, about six years. Five years previous to this time I treated the patient for facial paralysis, otherwise health was good. I was called to see the patient on the 16th of June, 1907. The condition showed symptoms of biliousness, accompanied with nausea, vomiting and anorexia, and subdued pain in the abdomen, with fever. These

symptoms were considered ordinary. After a liberal dose of calomel and podophyllim followed by an antifebrin, it was thought that the symptoms would terminate at once. I made daily calls and the condition grew worse. On the 27th, at noon, I was called to come in haste. The patient was stricken while at dinner with a sharp severe pain in the right hypogastric region followed by a sudden profuse hemorrhage from the uterus, causing marked shock and weakness. The condition was indeed alarming. My opinion was, after eliminating every other probable cause for illness, that it was a case of ectopic pregnancy. I suggested consultation which was assented to. The consultant concurred in my my opinion. No time was loss in getting the consent of both wife and husband to an operation. The patient was sent to the Charity Hospital on the evening of June 28th, 1907.

Next day the operation was performed. On opening the abdomen I found an extraordinary quantity of adipose, consequently there was a very thick abdominal wall. Invasion revealed that a profuse hemorrhage had taken place, and the cavity was a mass of blood clots, which contained a foetus with the placenta intact. The right tube very much enlarged, being fed by an already well established circulation, contained a large rupture through which the foetus came. The foetus, about three months old, showed signs of life, keeping up contracting and relaxing movements for several minutes. There was a great loss of blood from internal hemorrhage, showing that the rupture must have taken place forty-eight hours before the operation. A general depressed condition was evidenced. After emptying the cavity and washing it out with normal salt solution, I had no trouble in repairing the rupture in the tube and stopping the hemorrhage. The abdomen was closed by taking continuous stitches in the peritoneum, muscle, fascia and integument.

From the conclusion of the operation during the subsequent twenty-four hours, vomiting was stubborn and exhausting. The uterus presented a number of fibrous nodules, varying from the size of a pea to a chestnut or walnut, but I deemed it unnecessary to interfere farther on that account. The abdomen was strapped well with ZO Adhesive and Scultetus bandage.

Aside from the slow reaction and severe vomiting the first two days, there was no untoward symptoms. The unabsorbed stitches were removed on the fifth day. From this time on the patient had an uneventful return to normal. She remained in the hospital three weeks, and was discharged quite strong. I ordered an elastic abdominal bandage, which she wore about a month. Twenty months have elapsed and her health is good.

Note—The perforations in the colon mentioned in Case 3 were closed by bringing the edges together with No. 0 catgut, and reinforcing the closure by bringing the outer layer of the intestine together over the wound with the same material.

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EDITORIAL STAFF—C. V. Roman, M. D., Nashville, Tenn., Editor-in-Chief; J. A. Kenney, M. D., Tuskegee Institute, Ala., Associate Editor; W. G. Alexander, M. D., Orange, N. J., Business Manager; W. S. Lofton, D. D. S., Washington, D. C., Dental Editor; Amanda V. Gray, Phar. D., Washington, D. C., Pharmaceutical Editor.

THIS cut represents the official emblem button of our organization, made in rolled plate quality hard enameled with blue background; price seventy-five cents each. After a great deal of hard labor on the part of the Button Committee these buttons have been secured by the Association and each member is requested to purchase one. They may be procured from the General Secretary on receipt of price.

AN ITINERARY

As was mentioned in the last issue of the Journal, the editor-in-chief was a guest of the doctors of Mississippi at their state meeting at Jackson in April.

We had the pleasure of visiting several points in Mississippi, Alabama, Georgia and Tennessee, beginning at Memphis, where we had a pleasant hour between trains with Dr. E. E. Nesbitt, a rising young physician of that bustling, boasting, busy burgh.

After the Jackson meeting we visited the genial president, Dr. Attaway, at his beautiful home in Greenville, Miss. En route we met the urbane and energetic banker, Mr. Charles Banks of Mound Bayou, Miss., and for a few hours we together enjoyed the hospitality of Lawyer Mollison at Vicksburg. We use the words "enjoyed" and "hospitality" advisedly as a faint effort to put in words what this genius of the liberal heart did to lighten the journey of two tired wayfarers.

After a twenty-four hours stay in Greenville we returned to Jackson via Greenwood, staying over night with Dr. B. T. Williamson. Two days stay with our former pupil and present friend, Dr. Robert L. Johnson, one of the leading physicians of the Capital City, ended our trip to the Bayou State, and we headed for Tuskegee Institute. Here we met some professional engagements and consulted our associate editor, the suave and efficient secretary of the N. M. A., who is resident physician of that far-famed institution.

The journey between Jackson and Montgomery was lightened by a night spent with Dr. D. W. Sherrod at Meridian and one with Dr. Moorer of Selma, Ala. The wait at Montgomery was rendered enjoyable by the hospitality of its physicians, especially Drs. Scott, Dungee and Watkins.

Having accomplished our business in Tuskegee we departed for Atlanta —a wonderful city from almost any standpoint you wish to consider it. We had the honor of being the guest

in the home of one of the first colored professional men in the South, Dr. Robert H. Badger, who was called to his final reward some two years ago after a long and honorable career as a dentist.

Because of the hospitality of the Atlanta doctors and the importunities of our classmate and friend, the scholarly secretary of the Georgia Association, Dr. Thomas H. Slater, we found ourselves en route to Augusta to the state meeting. Drs. Palmer, Slater and Porter of Atlanta and Dr. Hall of Chicago, formed a company whose joviality annihilated distance.

The reception committee met us and assigned us to pleasant homes, and thus began the largest, best managed and best attended state meeting it has been our pleasure to see. It was a crescendo of success from the initial public meeting to the final banquet. The re-election of the officers who brought this about was a deserved testimonial of gratitude for efficient services and an earnest of future accomplishment.

But,—"Be it ever so humble, there's no place like home."

So notwithstanding the pleasure and instruction incident to the trip, it was with a sense of satisfied relief that we completed a pleasant day in Chattanooga and started for our home in Nashville, where we arrived without accident after an absence of three weeks and a journey of 2,000 miles.

Much opportunity for observation was afforded by this trip and some conclusions therefrom are herein recorded.

REFLECTIONS AND COMMENTS

Life, as it affects the average individual, is a disease—Dacrygelosis.

The success or failure of a state meeting is attributable to the secretary and president of the organization.

A high degree of altruism is necessary to successful medical organization. This, every successful state or national officer will testify.

Every doctor worthy of the name should answer a civil letter from a brother practitioner who writes about medicine or the profession.

That the time may speedily come when our professional men can see their way clear to give their profession first place in their consideration is a consummation devoutly to be wished.

The personality of the state presidents, the manner and matter of their addresses and the general personnel of the state meetings are cheering indications of progress, past, present and prospective.

The civic orientation of the colored medical man is yet quite indeterminate. A comic picture in one of the "funny pages" of a leading daily is illustrative of this condition.

A lady promised an old colored man a quarter to watch her twin babies while she went into the house on some business. The children

cried; a neighbor complained, and a policeman made the old man move on. The lady returned, missed her babies, called a policeman who found the old man looking for the lady and trying to pacify the babies. The old man waked up in the police station with a sore head and the charge of kidnapping against him, and all because he had tried honestly to earn a living.

So with the doctor. Lodges, churches, business, politics, etc., are things if the doctor neglects, he is criticised as selfish, etc., etc., and if he attempts to handle them he is criticised some more. If he stands still, he is clubbed for obstructing the sidewalk; if he moves on, he is chased as a kidnapper! What must he do to be saved?

Surely civic orientation is a serious problem for the modern Aesculapian of African descent whose habitat is America.

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Our pharmacists must take the cue from such leaders as Allen and Wickliffe of Chattanooga, Tenn., Gray and Gray of Washington, D. C., and W. H. Ballard of Lexington, Ky., and become independent business and professional men and women, not mere parasites of the medical profession.

Specialization and thoroughness are handmaids of civilization. There are no universal scholars now and never will be again until the capacity of the human brain increases, or the field of human knowledge contracts. Pharmacy and medicine are cognate but distinct professions Many facts are common to both and every intelligent practitioner of either profession knows much that is necessary and useful to the other. But the mastery of either profession will tax to its uttermost the capacity of any human brain in our present stage of development. It is usually a mistake for the doctor to go into the drug business unless he means to quit practice and follow pharmacy or a business career. (This has no reference to a doctor's dispensing his own medicine, which is a matter of time, taste, talent and circumstance.) From a monetary standpoint, it is not profitable; just as much would be made by devoting the time and talent to improvement in practice; from a business standpoint it is not wise because it increases antagonism and lessens friendships; from a professional standpoint, it is ungenerous and unprogressive because it degrades and obstructs a new profession (Pharmacy); unprogressive because it hinders the growth of an old profession (Medicine). Finally it is reactionary and a creator of prejudice and trouble for the doctor. Let us encourage competent men to open drug stores and stand alone making an honest bid to the public for patronage. There is a great field for competent pharmacists with knowledge and push.

———

It is a mistake to make too much show of wealth and prosperity. Happy is he who can find the golden mean. Some of the equipages of our men are scarcely warranted by their environs, incomes or patronage;

the effect on the popular mind is often the opposite of what was intended or desired.

THE JOURNAL

This is No. III. Have you read the preceding numbers? What do you think of it? If you like it, tell the editors so, and send in your subscription. Do you know that the editors have had to work without pay and pay for the privilege? Making bricks without straws is not in it with what the editors of this journal have had to do.

From earliest times medicine has been regarded as a brotherhood. Let us live up to the traditions and make the Journal a family matter, a means of communication between the members and friends of the N. M. A.

There is no limit to the devotion and enthusiasm of the present editors of the Journal, but unfortunately their purses are limited and the work cannot continue without the earnest co-operation of the members of the N. M. A.

The kind reception given the Journal by the profession at large and the public has been a source of inspiration to those trying to make it a "go."

MEDICAL EDUCATION

Any one at all interested in medical education will find food for thought in the eloquent address of the venerable dean of Meharry Medical College, which will be found upon another page of this issue of the Journal.

NEWS ITEMS

The George W. Hubbard Hospital Association keeps moving as if it means business.

Drs. Attaway and Miller of Greenville, Miss., are making commendable progress in their hospital venture.

Dr. W. E. Sterrs of Decatur, Ala., has wisely decided to sell his drug store and limit his energies to the practice of medicine and improving his excellent Cottage Home Infirmary.

The Rock City Academy of Medicine and Surgery did itself proud in the entertainment of the Tennessee State Association at the annual meeting in Nashville, June 9th and 10th.

The recent discovery of several cases of Pellagra in the Baptist Orphan Asylum (white) at Nashville, Tenn., demonstrates the timeliness of Dr. Townsend's article in the last issue of the Journal.

The acquittal of the three colored M. D.'s (see Vol. 1, No. II) indicted for murder by the grand jury

of Davidson County, Tenn., shows that Justice is not dead, however often she may nod.

In this issue appears a notice to Howard Medical School graduates. We hope there will be no delay, that everyone will at least send a postal card and put himself in touch with his alma mater.

W. S. LOFTON, D. D. S.

Dr. H. Floyd Gamble of Charleston, W. Va., and state vice-president of the National Medical Association, is making arrangements to attend the next meeting in Boston and is endeavoring to carry with him a good delegation from his state.

Dr. J. E. Hunter of Lexington, Ky., will attend the next meeting of the Association in Boston and is actively engaged in trying to make up a good party from his section of the country to make the trip by water from Old Point Comfort.

While we expect every member of the National Medical Association to subscribe for the Journal, there is nothing in our Constitution or By-Laws to compel him to do so. All who have not already sent in their subscription fees are urged to do so at once.

The colored physicians of Atlanta, Ga., are at last moving with a degree of unanimity toward the establishment of a hospital where they can do their own work. May success attend them. Similar talk is afloat in Chattanooga. May the word become flesh and dwell among us!

Tennessee state meeting at Nashville June 9th and 10th was an enthusiastic and successful affair. Some excellent papers were read. Knoxville is the next place of meeting. New officers: Dr. C. O. Hadley, Nashville, president; Dr. J. S. Williams, Franklin, secretary; Dr. J. A. Lester, Nashville, treasurer.

Mrs. J. P. H. Coleman, secretary for the Pharmaceutical Section of the National Medical Association, is now quite active in working up an interest among the members of her section for the coming meeting of the Association. She has sent out a great many circular letters and we trust that she will succeed in her efforts.

Since the publication of the excellent article on Pellagra in the Journal of the National Medical Association by Dr. A. M. Townsend of Nashville, Tenn., Dr. J. W. Darden of Opelika, Ala., writes that he has two well developed cases which have been thoroughly inspected by the local physicians, all concurring in the diagnosis. He invites us to come and see the cases.

We are very sorry to state that our membership list is still somewhat incomplete so far as correct addresses are concerned. We are bringing this to the attention of the members with the request that in any instance in which one finds that his address is not correct or that his name is omitted and he is not receiving his Journal and other literature promptly,

that he will kindly advise us of the same and immediate steps will be taken to correct the defect.

———

We wish to invite the attention of our readers to the two-page advertisement of Messrs. C. R. Patterson & Sons, the popular carriage-makers of Greenfield, Ohio. We are glad to say that we find from place to place a number of our physicians patronizing this firm. We hope that others of our members will give them all the patronage possible, both because of the fact that they are fully worthy of such patronage and also that they are patronizing us, as you will see by their full advertisement.

———

We are creditably informed that extensive preparations are being made to take care of the convention in Boston Mass., August 24-25-26, 1909. It is of interest to the dentists to know that the committee has secured the Infirmary of the Taft Dental College for its clinical work with several mounted bacteriological specimens. Dr. Dowsby, president of the Massachusetts State Board, will address the Dental section. Dr. W. H. Gilbert, an expert, will give a clinic on Gold-filling, also several expert demonstrations on Gold and Porcelain Inlay. Members of the National Medical Association, desirous of giving a clinic during the meeting, are requested to write to Dr. E. I. Wright, 662 Shawmut Ave., Boston, Mass., stating whether a table or chair clinic, what material desired.

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We wish to announce to the members of the National Medical Association through the columns of the Journal that the regular membership fee is $2.00 per year and that at the time of the last meeting of the Association in New York when the Association voted to start the publication of the Journal, it also voted to set the subscription price of the Journal for the members at fifty cents per year; thus the members pay $2.50 per year which includes the Journal. You are urged, all of you, who have not done so, to kindly forward at once to the associate editor your subscription price of fifty cents per year and not wait until the time of the meeting in Boston to take or send it in with your annual dues. You will be duly receipted for the subscription fee to the Journal and at the time of the annual meeting you will be required to pay the regular $2.00 only for membership. We trust that this will be clear to all.

COMMENTS ON THE JOURNAL

I want to commend the Journal for the way in which it is gotten up. I like it.—William J. Parks, M. D., Asbury Park, N. J.

I have before me the second number of the Journal of the National Medical Association. It is indeed most dignified, creditable,

interesting and in every way acceptable —Lucie Bragg, M. D., Cantey, S. C.

I enclose check for fifty cents and wish to congratulate you on the neat and attractive as well as instructive Journal. I hope it will live long. Enlist me as a permanent subscriber.—D. A. Ferguson, D. D. S., Richmond, Va.

Enclosed please find stamps amounting to fifty cents for our Journal. It marks a distinct departure in medicine for the progressive Negro physician. It affords needed opportunity. I believe the future is bright for the success of the Journal. Hope to see you in Boston.—J. W. Walker, M. D., Asheville, N. C.

Atlanta, Ga., May 21, 1909.

My dear Doctor:

I want to compliment you on the first issue of the Journal. It was great and reflects great credit on the editor-in-chief.

To whom shall I write with regard to becoming a member of the N. M. A.? I wish to send in my application.

With best wishes for your most abundant success, I remain,

Sincerely yours,

LORING B. PALMER, M. D.

Paris, Texas, June 22, 1909.

Dr. C. V. Roman,

Nashville, Tenn.

Dear Sir and Friend:

As soon as I received the first copy of the Journal I opened it to see who was the editor, and to my surprise I found your name as editor-in-chief. I immediately enclosed my subscription for the same because I felt the success of the undertaking assured. I am compelled to admit that I believe you are now in a work to which you are best suited, although you have succeeded in all your undertakings.

I have read your article, which is purely Roman.

Please accept my congratulations on the success of the Journal.

Trusting you are having good health, I am,

Yours as ever,

F. L. ETTER, M. D.

THE NECESSITY OF SCHOOL INSTRUCTION IN DENTAL HYGIENE

PAUL GARDINER WHITE, D. M. D., Boston, Mass.

(CONTINUED FROM LAST ISSUE)

THE CHARGE OF "PATERNALISM" INAPPLICABLE

People are at first prone to say that public supervision of children's physical welfare smacks of paternalism, and parents bristle with resentment at this action. But further thought carries with it the conviction that the physical betterment of school children no more savors of paternalism than does their mental betterment.

The school teacher's task is universally acknowledged to be an arduous one, but his—or more often, her—labors would be manifestly lightened were all pupils bright and none stupid.

The examination of the eyes of school children, now so commonly enforced, has brought to the front bench pupils who on the back seat seemed stupid. Likewise the deaf pupils, after examination, given as it is now in many public schools throughout the country—these deaf boys and girls, I say, have been made to hear. But, gentlemen, these cases only affect the individual student, while an unclean mouth vitiates the atmos-

phere of the whole room and is the most direct means of spreading contagion. The best mental results cannot be accomplished in a body weakened by any indigestion. any malassimilation of nutrition, or any excess of the waste of indigestion.

As dental surgeons we are convinced that the money invested in providing healthy mouths in the rising generation, and instilling in the public mind the principles of personal dental hygiene, will be saved tenfold in money now invested annually in general hospitals and other sanitary institutions, where the diseases treated are in a large proportion of cases traced directly to the nervous and other disorders resulting from defective dentures, and that dental treatment early in life prevents more diseases in after life than any other prophylactic measure taken by governments, not even excepting vaccination.

To attempt to perform our delicate and complicated operations for patients who have no habits of dental cleanliness would be most ill-advised charity, and before we can help this class they must be taught their own duty to themselves. And my opinion is that our efforts should be directed almost entirely to the rising generation.

PERIODICAL DENTAL EXAMINATION OF SCHOOL CHILDREN

We want periodical and systematic dental examinations of the teeth of children in the primary and grammar schools, the ages ranging from six to fifteen years, at least once or twice annually. It is not proposed that the examinations be made by the school authorities, but by dentists, and at such times as shall not interfere with school work or lay a burden upon the teachers. To delegate this work to physicians or nurses is absurd, as only a trained dental surgeon can disclose those conditions which might prevent the spreading of many of the grave contagious diseases which carry off to an untimely grave so many of our school children between the ages of five and twelve.

It is too bad that there are, comparatively, so few physicians and nurses willing to pay attention to the cleanlines of the mouth, failing to realize the comfort that patients would feel while confined to their beds, and what is more important, how frequently it would prevent other complications. Many physicians do not yet recognize the importance of the temporary teeth, and I have found cases where ladies have been told by the doctor that the deciduous teeth were of no great importance and recommending extraction at the slightest ache. It is no uncommon thing to hear a mother exclaim to a dentist, "Do you mean to say that children's first teeth are to be cared for?"

In New York a school was recently examined by a physician for defective masticating organs; shortly after, by a dentist. The physician's superficial examination disclosed only about one-eighth of the defects which the dentist found. As a big apple may be ever so beautiful on the outside but worthless because it is rotten to the core, so may the teeth, and only a man trained in oral examinations is competent for this work.

Mothers should be taught to take their children to the dentist when suffering from dental troubles, and not to the physician. During my connection with one of the large medical dispensaries in this city, I daily saw cases of abscesses of the lower teeth treated by physicians from the cheek, leaving on the child's face a scar for life. This is not necessary. The child should receive treatment at the hands of a dental surgeon who

has the proper knowledge and instruments to treat from the inside, leaving no scar.

CONCLUDING REMARKS

Now, gentlemen, it is of the greatest importance for the comfort and health of children and for the improvement of the standard of physique and beauty, that teachers and scholars in primary and grammar schools should receive instruction in the best means of preserving the teeth. That, certainly, is not asking too much. If, however, the course is so crowded that there seems to be no room even for so small a demand, then something of less importance should be eliminated. Part of the time given to the so-called supplementary reading might be utilized to advantage.

The wisdom of making whatever sacrifice is necessary to introduce lessons on the care of the teeth is too evident to need further discussion. It is of the greatest importance that the teeth of all children, and especially of those between the ages of five and nine years, should be carefully inspected by qualified dental surgeons, who should be appointed and paid by the municipality or the state, and that treatment for the prevention and cure of dental caries should be begun as early in life as possible.

It has been said that our motives are mercenary, that we want the people for patients, and that such a thing as dental inspection means advertising for the dentist. These suspicions only prove that those who make such statements are absolutely incapable of comprehending the importance of such researches. By what authority does the school board order such an examination, other than that it would affect the health of the neighboring pupils by infection?

Americans are fast becoming a toothless nation. Young folk from sixteen to eighteen years of age are already wearing artificial teeth, and very few adults can boast of a complete set as nature gave them. Nature intended the teeth to be sound and intact in both sexes at the age of eighty years, and this can actually be achieved by following simple rules of mouth hygiene. Something must be done to counteract the fearful consequences of our national indifference. Too great stress cannot be laid upon this question. There is not a disease to which the human body is liable that is not aggravated by an unhealthy condition of the mouth, and many are originally caused by neglected teeth. Health is impaired, beauty marred, happiness destroyed, and life shortened by the deplorable ignorance of the hygienic laws governing the preservation of these important organs.

We are living in the present, but we must think in the future, and strive to build for those who are yet to come. The present becomes the past, and the future the present, in such rapid succession that the man who in any of the serious concerns of life does not think and live in the future is certain sooner or later to find himself hopelessly in the past. And what greater incentive is there than this knowledge to awaken in us an irresistible desire and earnest purpose to lay broad and deep the foundation of that system which underlies everything—namely, the system which educates our students and determines the character of the education which they receive.

I have taken portions at places from the writings of Drs. Whitney and Bell, Professor Burchard, Horace Fletcher, and Ossian Lang.

(THE END)

A LITTLE TRIP THROUGH THE OLD DOMINION

On the 18th of June the associate editor left Tuskegee Institute and at nine o'clock on the evening of the 19th, found himself in the capital city of Virginia. Arriving in the city unannounced he registered at the Miller Hotel and a little latter called up Dr. W. H. Hughes, formerly Assistant Surgeon in the Freedman's Hospital. The next half hour was pleasantly spent with Dr. Hughes, learning of his practice and the conditions of the profession in general in his city. Dr. Hughes' report was very encouraging.

The next morning at nine o'clock we were en route for Newport News, having joined Dr. P. B. Ramsey, a very successful dentist of the city of Richmond who is also a member of the National Medical Association and formerly State Vice-President for Virginia. Dr. Ramsey seems to be enjoying a lucrative practice and gives satisfactory reports of the condition of his profession in the city of Richmond. The Doctor stated that it would very likely be impossible for him to attend the meeting in Boston this year because of other very important meetings which he is forced to attend. He gave us his cash subscription for the Journal and also paid his dues for the year 1909 and asked that we admit his son to membership who is also a graduate in dentistry and is doing an independent practice in Richmond.

In Newport News we met several of the physicians of whom there are eight or nine in this little city. They seem to be prosperous. Here we secured cash subscriptions for the Journal from Drs. P. A. Scott and J. H. Byrd, and spent a very pleasant day in their midst.

Leaving in the afternoon for Hampton Institute where the night was spent, the next morning found us on the old Luray boat en route for Norfolk where immediate connection was made by rail for the town of Suffolk. In this place there is only one colored physician, Dr. Fuller, who has been there for a number of years and is enjoying a good, quiet practice. During the afternoon we returned to Norfolk, which city is largely supplied with colored physicians, there being about sixteen, but this number does not seem to be too many because we learned that there are about 40,000 Negroes in the city of Norfolk and suburbs. Being in Norfolk at night, we did not succeed in meeting a great many physicians, but had the pleasure of meeting with Drs. Byrd, Drake, Matthews, Paey, and Moone. We were very glad to learn through Dr. Byrd of the plans that are now on foot for the establishing of a Negro hospital in the city of Norfolk and we wish Dr. Byrd and his associates much success in this laudable endeavor. Some subscriptions to the Journal were secured here.

On Tuesday morning we left Norfolk over the new Virginian Railway through this part of Virginia into West Virginia and while on our way we met several physicians, among them being Doctor Harris of Nottoway, who is succeeding, and Dr. Faucett of Lynchburg. Dr. Faucett is making good in Lynchburg, having an excellent practice. He is preparing to attend the meeting of the National Medical Association in Boston this year.

At the town of Princeton in West Virginia we met with Dr. N. L. Edwards of Bluefield who owns valuable real estate and is enjoying a very successful practice in that town. Dr. Eugene Dickerson is also practicing successfully in the same place.

At Montgomery, West Virginia we met with earnest supporters of the

National Medical Association, Drs. G. W. Holley and W. A. Holley, both of whom are p eparing to attend the meeting of the Association in Boston this year. We also met with Dr. A. J. White whom we knew in Howard University and who is now practicing successfully and has a drug store and a home. We also met Dr. W. A. Lawrence, who is doing well. From this place we went to the city of Charleston, West Virginia, where we met Dr. R. L. Jones, one of our members, who is doing well and also Dr. H. F. Gamble, until last year, Chairman of the Executive Board of the National Medical Association and at present State Vice-President for West Virginia. Dr. Gamble has been in Charleston a number of years, having built up with the town and is enjoying quite a successful practice and owns considerable real estate. He is preparing to attend the meeting of the National Medical Association. The Doctor has just recently purchased one of C. R. Patterson & Sons' new Stanhopes with harness to match.

Having spent the night of the 27th in the city of Charleston we left the next day by way of Cincinnati for our return home where we found during our absence our correspondence and work of the office of the Secretary had accumulated to such an amount that we have not as yet completely caught up.

Our general impression of the trip so far as meeting with the colored physicians is concerned is that the states of Virginia and West Virginia may boast of having, on the whole, a body of competent physicians of whom they may well feel proud.

TO THE PHARMACISTS

It is my purpose to invite and insist that every Negro pharmacist, whether in active service or retirement, become a member of the National Medical Association, which will hold its annual session at Boston, Mass., August 24-26, 1909.

The National Medical Association was organized by the Negro physicians several years ago, having now a membership numbering several hundred, distributed throughout the country. It has for its object the development of a spirit of co-operation and helpfulness, and the promotion of a thorough understanding of the needs of the medical fraternity as applied to practice among our people. In its conception the promoters were broad enough to include the pharmacists, an allied interest, which plays no small part in the development of this field. As a member of the latter body, I feel that those who have so far neglected the chance to connect themselves with this organization have done to themselves a grave injustice as well as to those who thoughtfully considered their relations in the beginning, as the success of the one is, in a large measure, the success of the other. It is well known that without the Negro physician the Negro pharmacist in a general sense is impossible. We owe to them, the organizers of this gr at body, our sympathy, co-operation and support, and for this I am now making an appeal.

The work of the physician and the pharmacist is so closely allied that it behooves us to bend every effort toward bringing them closer together and cementing the bond of friendship that should exist. We want them to feel and to know that we look to them for aid and encourage-

ment. We want them to feel a more kindly interest in our work, and to know that we are ever ready and willing to serve them in that capacity and sphere in which confidence and skill are essential qualities.

Again we would have the physician to realize that without his confidence, sympathy and support, the profession of pharmacy among us would soon lose its dignity and descend to the plane of the corner grocery or the bargain store.

We need to organize and co-operate with the physician in an extensive crusade against the patent medicine fakir and the proprietary manufacturer whose invasion has threatened the largest establishments for dispensing drugs in the country, and in a short while will enter the domain of the physician himself, many signs of which are now apparent. The growing tendency on the part of the non-interested physician to prescribe freely these preparations to which I have referred designating the same, when the Pharmacopoeia recognizes standard preparations of superior medical value, is to be regretted, and the degeneracy of the real drug store into a department store is the inevitable result.

Let every Negro pharmacist bestir himself. Send in your application at once, that you may have an opportunity of taking part in the coming sessions. This is very necessary f r our success. We have no other opportunity of reaching so many of our physicians at once, nor any other chance fraught with the opportunities for doing a much needed work. Pharmacists, awake! Our meeting last year gave satisfactory results, though we were few in number. Greater results are bound to obtain at this. Will you be with us? "On to Boston!"

MRS. J. P. H. COLEMAN,
Pharmaceutical Secretary.
Newport News, Virginia.
July 15, 1909.

THE LAST CALL FOR THE MEETING OF THE NATIONAL MEDICAL ASSOCIATION

TO BE HELD IN BOSTON, AUGUST 24-26, 1909

The program is nearly complete and preparations are nearly all made for the entertainment of the convention which promises to be the best in the history of the Association. The members of the professions represented and the citizens of Boston as well as the surrounding cities and states are enthusiastic and energetic in their efforts to make this convention the best the Association has had. From all sources reports are coming in to the effect that all are looking ahead with enthusiasm to the coming convention.

We are making a strenuous effort to build up a first-class Negro Medical Association. We are meeting with a fair degree of success. Much remains to be done. We cannot accomplish our purpose without the earnest co-operation of the members of the profession everywhere. A great many are with us and are supporting us. Entirely too many are lukewarm and indifferent and a few are antagonistic. We regret to say that some of us are afraid of the word "Negro" and hold aloof from everything distinctly racial. This is a distinct hinderance to progress. While antagonizing no other movement that is good, we should, at the same time, make every possible effort to strengthen our own racial unity and efficiency. Some of our strongest supporters are men of the North who belong to white medical local organizations and to the American Medical Association; still they see the wisdom of building up this Negro organization.

We appeal to those who are with us to use their influence in getting others to join us. We appeal to others to affiliate with us without delay. Every Negro physician, dentist and pharmacist should join the National Medical Association. We need your support. You need the Association. Some do not yet see the wisdom and advantage of belonging to such an organization. All is advantage. There is no disadvantage. Such an organization brings increased respect and prestige for the race. It adds tone and dignity to the Negro medical profession. Its annual meetings are a kind of post-graduate school which may be attended three or four days in the year where new friendships are made, and old bonds tightened; where fellow-laborers in the art of healing may exchange ideas and relate experiences that are mutually helpful; where we may come in contact with the leading minds of the professions and be enlightened; and not least of all, where the little fellow, isolated in his narrow confines of practice, may be made to see that he does not know it all and that he must return home, dust his old books, and study. Right here I desire to say that one of the innate reasons why many hold aloof is ignorance. They are behind and they know it. They fear if they come to the front others will see it. Thus they prefer to enjoy their ignorance in seclusion, both they and their patients are the sufferers, rather than come boldly to the front like men, get what is to be gotten, and then return home with new inspiration, buy new books, subscribe for medical journals, and get down to study. For the comfort of such a doctor let me say that he need have no fear in coming out. No one will force him to say a word. He has only to hold his tongue, look wise, and let his brain work.

It gives a physician prestige among his patients to belong to such an association and to attend its meetings. Many of the laity are demanding it. I once met a physician on his way to a medical society who stated that his patients were forcing him to go. If a physician desired an important position, insurance examiner, or to carry a policy in a physician's liability company, or other important affiliations, one of the leading questions is, "To what medical association do you belong?" Thus you see it means personal gain as well as prestige.

Unfortunately some of our medical schools have admitted many unprepared for the study of medicine, dentistry and pharmacy, and by one means or another, these men have "gotten through" and are turned loose on the public. One of the aims of this Association is to induce some of our medical schools to raise the standard of scholarship; and hereafter to admit and pass only those who are qualified. Too many of us are averse to study and hard work. Our organization seeks to stimulate within its members a desire for medical knowledge, a burning desire which will induce them to get down and dig for it, to forego certain social privileges and burn their midnight oil, if need be, in order to obtain it. These are a few of the reasons for our existence. There are many others, but if for no other, the last two justify our claim to recognition.

We are publishing a Medical Journal. Think of it! a race just forty years removed from slavery publishing a Medical Journal! This is number three. Look at it, examine it. Read it. Note the cover design, the cover itself; ponder the little quotation on the front cover page from our editor-in-chief, as a reason for our existence; note the quality of the paper, the style, the reading matter, the printing, the mechanical make-up, and the class of advertisements. Now tell us frankly, does it not increase your racial pride? Is it not worth $1.00 per year? (At present the price is only $ .50 but the price, of necessity, must advance to $1.00. Most likely it will be raised at the Boston meeting. Won't you subscribe now and take advantage of the low rate? Send us $1.00 for two years' subscription and thus save fifty per cent.) Do you now say that the time is not yet ripe for such venture? Do you yet ask what is the need of it? Do you still contend that there is a plenty of first-class medical literature on the market? Or do you frankly acknowledge that you are one of us and will go with us? We are going to succeed. Hundreds are with us.

As one of our supporters has expressed it, "The Negro medical profession is just hungry for the Journal." They have a right to be. This is ours. Its columns are open to satisfactory matter from every member of the professions. Short articles of practical interest, personal notes, news items concerning medicine, dentistry and pharmacy, hospitals and nurse training schools are solicited.

Reports from all parts of the country indicate that there will be a large attendance at the coming meeting. We urge all to attend. Those who plan to do so are asked to forward their names to the Secretary of the Local Committee, Dr. T. E. A. McCurdy, 27 Warwick Street, Boston, Mass.

In regard to railroad rates, you are advised to secure the regular summer tourist rates to the nearest Eastern summer resorts. Your local agent will be able to advise you.

Sincerely yours,

JOHN A. KENNEY, M. D.,

Secretary National Medical Association.

Tuskegee Institute, Ala., August 1, 1909.

PARTIAL PROGRAM for the ELEVENTH ANNUAL MEETING of NATIONAL MEDICAL ASSOCIATION

BOSTON, AUGUST 24-26, 1909

(Subject to changes)

Oration on Medicine: "The Treatment of Lobar Pneumonia," Dr. Joseph J. France, Portsmouth, Va.

Paper: "Obstetrics," Dr. H. F. Gamble, Charleston, W. Va.

Paper: "The Diagnostic Value of the X-Ray in General Practice, With Lantern Slides," Marcus F. Wheatland, M. D., Newport, R. I.

Paper: "Gynecology," Dr. George C. Hall, Chicago, Ill.

Paper: "The Preservation of Pharmacotherapy Necessary to Medical Advance," A. M. Townsend, M. D., Nashville, Tenn.

Paper: "Gastric Ulcer," Dr. J. J. Robinson, Providence, R. I. Discussion opened by Dr. W. H. Higgins, Providence, R. I.

Paper: "The Opportunity of Specialization," Anna R. Cooper, M. D., Chicago, Ill.

Paper: "Pellagra," Dr. J. W. Darden, Opelika, Ala.

Paper: "Diagnostic Value of Tuberculin," Dr. W. C. Gordon, Springfield, Ohio.

Paper: Dr. A. M. Curtis, Washington, D. C.

Paper: Dr. H. C. Scurlock, Washington, D. C.

Paper: "Management of Putrescent Pulp," E. I. Wright, D. D. S., Boston, Mass.

Paper: "A Few Facts About Uric Acid," S. D. Redmond, M. D., Jackson, Miss.

Paper on Pharmacy, Thomas W. Patrick, M. D., Boston, Mass.

Paper: Dr. T. S. Hawkins, Baltimore, Md.

Paper: "Tuberculosis in Massachusetts and Methods For Its Release and Control," C. W. Harrison, M. D., Boston, Mass. Discussion opened by Dr. T. E. A. McCurdy, Boston, Mass., and others.

Paper: "Chronic Gonorrhœa," Peter F. Ghee, M. D., Jersey City, N. J.

Paper: "Alveola Abcess," T. W. Robinson, D. D. S., Jersey City, N. J.

LOCAL PROGRAM

Meeting at Faneuil Hall.

Presiding Officer, I. L. Roberts, M. D.

Invocation, Rev. Thomas W. Henderson.

Address of Welcome (to be supplied.)

Address of Welcome on Behalf of the Local Committee, Dr. T. W. Patrick.

Address of Welcome on Behalf of Massachusetts Medical Association, Dr. S. D. Presbrey, president of the Massachusetts Medical Association.

Responses to Address of Welcome, Dr. C. V. Roman, Nashville, Tenn., and Dr. York Russell, New York City.

Address of Welcome on Behalf of the Citi-

zens of Boston, Edward Everett Brown, Esq.

Toasts and Responses at Banquet, at Paul Revere Hall, Mechanics Building.

Toastmaster, Marcus F. Wheatland, M. D.

Our Guest: H. G. McKerrow, M. D.

Our Host: George N. Stoney, M. D.

Allied Professions: William S. Lofton, D. D. S.

American Citizen: Mr. E. H. Clements.

The Citizens Committee: Mr. George S. Glover.

The Clergy: Dr. McGuire of Cambridge.

National Medical Association: George C. Hall, M. D.

Our Legal Friends: Charles H. Williams, Esq.

The Local Society: Its Value, J. B. Hall, M. D.

The Local Committee: Dr. Charles Stewart.

Our Future: P. A. Johnson, M. D.

CLINICS FOR THE MEETING OF N. M. A. IN BOSTON

The following Clinics have been arranged:

Massachusetts General Hospital and Blossom Street Infant Asylum.

Boston City Hospital.

Children's Hospital.

Plymouth Hospital.

Infirmary of the Taft Dental College.

The Hospital and Clinic Committee has also secured permission for the members of the National Medical Association to inspect Harvard and Tufts Medical Schools.

A CALL TO THE DENTISTS

At the last meeting of the National Medical Association the Dental section was successful in having their entire session separate, rendered so through the interest of its members.

Papers on their experience in practice were discussed very interestingly. In order, therefore, for this to continue, this section needs help by enlarging the numbers and demonstration of members' interest. The effect of which leaves us not dependent on medical papers to interest our time, but rather demonstrates to the physician the loyalty of dentists to their profession.

To accomplish this in behalf of the Dental Section, I appeal to you for aid, trusting you may consider the object and favor us with a reply.

Very respectfully,

A. T. Robinson, Secretary.

C. Clifford Fry, Chairman.

REPORT OF MEDICAL SOCIETIES

THE PALMETTO MEDICAL ASSOCIATION OF SOUTH CAROLINA

The thirteenth annual session of the Palmetto Medical Association of South Carolina was called to order in the Wesley M. E. Church, Columbia, S. C., Wednesday, April 28th, at 2:30 p. m.

President J. H. Allston, M. D., of Summerville, introduced Rev. C. P. T. White of Rock Hill S. C., who offered prayer. The regular business order was then taken up. Thirty members responded to the roll call, after which the reports and minutes of the last meeting were read and adopted. After the annual dues were collected the special committee on new Constitution and By-Laws reported that they were ready to submit the results of their work to the body. After debate and amendment a Constitution was adopted.

At 8:30 p. m. the Association was called to. order at Bethel A. M. E. Church in public session which was opened by prayer by Rev. Brown, after which Mayor pro tem., Dr. Earle, formally welcomed the Association to Columbia. Dr. J. A. Robinson of Darlington, responded to Dr. Earle's address on the part of the Association. After some music the annual address of the president was delivered. Dr. W. D. Crum was next

introduced, and delivered a most timely paper on the "Ravages of Tuberculosis." Dr. C. W. Maxwell of Sumter, read a paper on "Preventive Medicine." A collection was taken which resulted in raising $11.25 for the hospitals located at Columbia, S. C., under the care of Dr. M. E. Evans, and at Charleston, S. C., under the management of Dr. A. C. McClennan.

Thursday morning the meeting was called to order by the president. The discussion of Dr. Crum's paper was called up and became general. Dr. S. J. Wight of Dillon, S. C., read a paper, "Chronic Specific Urethitis;" Dr. Lucie Bragg, "Chronic Constipation;" Dr. Sexton of Spartanburg, "Abdominal Surgery and Drainage;" Dr. J. P. Pickett of Camden, "Tuberculosis as a Race Issue." The Journal of the National Medical Association was made the journal of the Association and subscriptions were taken at once to it. The Association extended its congratulations to the editors of the Journal for their excellent work. The delegates to the National meeting at Boston were then elected and Spartanburg, S. C. was selected for the next place of meeting.

The following are the officers elected for the next ensuing year: Dr. S. S. Bruington, Georgetown, S. C., president; Dr. C. H. Henderson, Greenwood, S. C., vice-president; Dr. I. A. Macon, Rock Hill, S. C., secretary; Dr. Sexton, Spartanburg, S. C., treasurer.

Executive Board: Dr. J. A. Robinson, chairman; Dr. C. W. Birnie, secretary; Drs. J. R. Levy, S. S. Bruington and A. C. McClennan.

J. H. Robinson, M. D., Darlington, S. C.

MEDICAL ASSOCIATION OF LOUISIANA

The fifth annual session of the Louisiana Medical, Dental and Pharmaceutical Association, convened in the city of Alexandria, La., May 12-14, 1909, with Dr. I. W. Young, presiding.

The president welcomed the visitors to the birthplace of their organization.

The evening session consisted of roll call and the enrollment of new members.

Dr. Thaddeus Taylor, Natchitoches, La., exhibited a foetal monstrosity upon which quite a lengthy discussion of maternal impression was held.

A symposium on the Differential Diagnosis of Tumos of the Right Hypochondrium, was opened by Dr. T. L. Welch of Crowly, La.; discussed by Drs. F. M. Nelson, L. A. Butler and J. D. Nelson.

The second day session consisted of a discussion on the Prophylactic Treatment of Tuberculosis. All of the members took an active interest in this discussion.

At night the Association held an anti-tuberculosis mass meeting at the Union Baptist Church. Dr. E. L. McGee, president of the Anti-Tuberculosis League, gave a very interesting lecture. At this meeting the president, Dr. I. W. Young, made his annual addresss.

The third day session consisted of papers by Dr. Valcour Chapman of New Orleans, on the "Relationship of the Doctor and Pharmacists," and Dr. L. A. Butler of Beaux Bridge, on "Pueperal Eclampsia."

The following officers were elected: Dr. F. M. Nelson, president, Lafayette, La.; Dr. Thad Taylor, vice-president, Natchitoches, La.; Dr. J. D. Nelson, secretary, Morgan City, La.; Dr. T. L. Welch, assistant secretary, Crowly, La.; Dr. L. T. Burbridge, treasurer, New Orleans, La.; Dr. I. W. Young, historian, Alexandria, La.

The Association was served to a banquet unexcelled by any of its kind by the citizens.

Suitable resolutions were adopted thanking the citizens for their unlimited hospitality and endorsing the administration of Dr. I. W. Young.

Thad Taylor,
Natchitoches, Louisiana.

NORTH CAROLINA DOCTORS' MEETING

OPENING AND CLOSING SCENE CLIPPED FROM LOCAL PAPER

The large assembly hall of the Y. M. I. was filled on last evening by an intelligent audience to witness the instructive and interesting program of the State Medical Asso

ciation of colored physicians now in session here. The welcome address of Judge Spears Reynolds, representing the mayor, was delivered in a happy vein, and brought forth much applause, and that it made a most favorable impression upon the audience was shown by the rising vote of thanks that was given him at the close.

Then followed the welcome addresses of Dr. R. H. Bryant and W. J. Trent. Dr. Moore, of Durham, made a happy response on behalf of the visiting members.

The annual address of Dr. Jones, of Winston-Salem, was listened to with closest attention.

Dr. W. G. Torrence read a paper on "The Negro Physician."

Dr. J. W. Walker opened the subject of "Tuberculosis," with a strong speech.

The solos of Mrs. Rice and Mrs. Murray and the selections by the Y. M. I. quartette added to the program.

In the afternoon the members of the Association visited the Winyah Sanitarium through the kindness of Dr. von Ruck, and returned much lifted up with the interest shown in their visit.

The doctors' work kept them very busy most of the time winding up several important matters pertaining to the future success of the organization. The trip to Dr. Parquin's Sanitarium was highly appreciated and the doctors felt very grateful to the manager for this courtesy which gave them an opportunity to see and know something of this, one of the best institutions of its kind in the country. A visit to the Biltmore estate wound up the work of the day.

J. W. T.

CONTRIBUTED

The North Carolina Medico-Pharmaceutical and Dental Association held its annual session in Asheville, N. C., June 16, 17 and 18. It was not so largely attended as in former years, but it was a very profitable meeting. All present seemed much interested and took part in the discussion of the different papers presented.

Through the kindness of Dr. J. W. Walker of the city, we had the pleasure of visiting the famous von Ruck and Paquin Sanitarium, which was instructive and helpful to all of us.

We have about ninety physicians practicing in the state, twenty-five pharmacists and nine dentists. Twelve out of sixteen applicants before the State Medical Board passed and all four of the applicants before the Dental Board passed. Our next meeting will be held at Wilmington, N. C., at which time we hope to have a large attendance. We are working hard to build up a strong State Association and the outlook is very encouraging. The doctors are learning that to come together and discuss medical subjects is one good way of stimulating one another to greater efforts. The following were elected officers of the Association: President, Dr. J. W. Walker, Asheville, N. C.; first vice-president, Dr. H. E. Jones, Asheville, N. C.; second vice-president, Dr. W. A. Pithel, Charlotte, N. C.; secretary and treasurer, Dr. A. A. Wyche, Charlotte, N. C.; corresponding secretary, Dr. H. J. Irvin, Concord, N. C.; delegate to National Association, Dr. J. W. Walker.

ALABAMA MEDICAL, DENTAL AND PHARMACEUTICAL ASSOCIATION

The thirteenth annual session of the Alabama Medical, Dental and Pharmaceutical Association was held in the city of Selma, April 14th to 16th, 1909. Dr. L. L. Burwell of this city was secretary. Under his leadership, the local committee of physicians, dentists and pharmacists of Selma had prepared an excellent program containing medical papers, discussions, entertainments, music, and banquet. The meeting was well attended, there being twenty-two members present. We also felt honored on this occasion to have with us the popular surgeon of Chicago, Dr. G. C. Hall, who gave a popular lecture at one of the sessions on Tuberculosis and took part in the general discussion of papers and also performed very scientifically operations at the Burwell Infirmary.

The address of the president was full of valuable material, extracts from which are printed in this number of the Journal. We are very sorry that space will not permit the publication of the full address.

Dr. W. E. Sterrs of Decatur also read a paper on Tuberculosis at the popular meeting. Dr. L. L. Burwell made an address and also laid great stress upon the fact that the physicians should study therapeutics more in connection with treatment of all diseases. A paper was read by Dr. Frank Clark on "Some Diseases of the Oral Cavity." Dr. J. A. Kenney of Tuskegee Institute, read a paper on "The Treatment of Pneumonia with Results," giving reports of several cases and emphasizing the value of fresh air in the treatment of same.

Typhoid fever was discussed very liberally with good results to all present. A committee was appointed to confer with a similar committee from the medical societies of Georgia and Mississippi with the object of forming a Trio-State Medical Association. The Journal of the National Medical Association was endorsed, adopted as the Journal of the Alabama Medical, Dental and Pharmaceutical Association, and all of the members present handed in their subscription fees. The officers elected were as follows: President, D. H. C. Scott, M. D., of Montgomery; treasurer, Dr. J. W. Darden, of Opelika; secretary, Dr. L. U. Goins, of Birmingham; historian, Dr. W. E. Sterrs of Decatur. Next meeting place, Birmingham, Ala., April, 1910.

OHIO BRANCH N. M. A.

The fifth annual session of the O. B. N. M. A. was held in Xenia, Ohio, on June 9th and 10th and was an especially interesting meeting in many respects.

This meeting was most successful not so much from point of numbers as the standard of the work which was done. After organization, reading and approval of minutes of the previous meeting, etc., the program was carried out as scheduled.

The president's address, which was delivered at Wilberforce University, contained a number of timely suggestions dealing with the important questions before the profession today. The susceptibility of the Negro to tuberculosis affections was discussed at length and statistics which were gathered from all the great Negro centers were quoted to show just how personally this question concerned each and every one.

A paper on "Ventilation" by Dr. S. S. Jordan and Dr. F. W. Johnson's able paper on "Tuberculosis, its Prophylaxis and Hygienic Management," were presented in Galloway Hall, at Wilberforce University.

The papers throughout the meeting were very good; to mention one worthy of comment would be to mention all.

Springfield, Ohio, was selected as the place for the next meeting to be held, Thursday and Friday after the first Monday in June, 1910.

The address of welcome by Mayor Boenan was helpful and hopeful. A trip to Wilberforce and an immense banquet completed the social side of the meeting.

Notice

All graduates of Howard University Medical School are requested to send their present address and year of graduation to Dr. W. C. McNeill, Secretary of the Medical Department, Howard University, Washington, D. C.

All pharmacists, whether engaged in active service or in retirement, are invited to become members of the National Medical Association. Send in your name at once and get registered before the next meeting in Boston, August 24-26, so you can take an active part in all of the meetings and discussions.

DR. JOHN A. KENNEY,
General Secretary,
Tuskegee Institute, Ala.

MRS. J. P. H. COLEMAN,
Pharmaceutical Secretary,
Newport News, Va.

The staff of Physicians, Surgeons, Dentists and Pharmacists of the Douglass Hospital wishes to express their appreciation of the publication of the Journal of the National Medical Association—it is easily among the front rank of such.

THE DOUGLASS MESSENGER.

Poison Oak

At the solicitation of a fellow physician at St. Bartholomew's Clinic of this city, I was induced to use Tyree's Antiseptic Powder in the case of an indolent ulcer which had resisted all previous attempts at healing. The rapidity with which this case responded led me to try it in a wider field, almost everywhere an antiseptic was indicated. Last July, I employed the powder in a case of ivy poisoning (a young lady). She had been suffering for over a week, all home "remedies" having failed. I applied locally, as a lotion, a teaspoonfull of the powder dissolved in a pint of water and also for dusting the inflamed surface, the powder diluted 1 in 10 with powdered talcum, the itching and swelling subsided within 24 hours, and a cure was effected by the fourth day.—Arthur J. Schneidenbach, M. D., St. Bartholomew's Clinic.

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Washington, D. C.

PROGRAM NATIONAL MEDICAL ASSOCIATION

Tuesday, August 24, 1909: 10:30 a. m.

The Association called to order by William C. Lane, M. D., Chairman of the Local Committee.
Music. Invocation.
Introduction of the President.
President's Annual Address.
Reports: (a) Secretary of Executive Board. (b) Treasurer. (c) General Secretary.
Reports of Committees.
Roll-call and Payment of Dues.
Registration of New Members.
Brief Reports of Delegates from State and Local Societies.
Unfinished Business.
New Business.
Adjournment.

Tuesday—Afternoon Session: 2 O'clock

Call to Order. Invocation. Music.
Reading of Minutes of Previous Session.
Appointment of Committees.
Oration on Medicine: "The Treatment of Lobar Pneumonia," - - - - - - - Joseph J. France, M. D., Portsmouth, Va.
Paper: "Obstetrics and Some Obstetrical Problems," - - - - - - - H. F. Gamble, M. D., Charleston, W. Va.
Discussion: - - - - - John E. Hunter, M. D., Lexington, Ky.
Paper: "Management of Putrescent Pulp," - - - - - - - Eugene I. Wright, D. D. S., Boston, Mass.
Discussion: - - Opened by Don J. Penheiro, D. D. S., Boston, Mass.
Paper: "The Preservation of Pharmacotherapy Necessary to Medical Advance," - - - - - - - A. M. Townsend, M. D., Nashville, Tenn.
Discussion: - - Opened by C. V. Roman, M. D., Nashville, Tenn.
Paper: - - - "Pellagra," J. W. Darden, M. D., Opelika, Ala.
Discussion.

Tuesday—Evening Session: 8 O'clock

Public Meeting, Faneuil Hall, "Cradle of Liberty"

Presiding Officer: - - - - - - - - - Isaac L. Roberts, M. D.
Opening Prayer: - - - - - - - - - Rev. T. W. Henderson
Welcome Address: Thomas W. Patrick, M. D.
Address: On Behalf of the Citizens, - - - - - E. E. Brown, Esq.
The Commonwealth of Massachusetts: - - His Excellency, the Governor
The City of Boston: - - - - - - - - - His Honor, the Mayor
The Medical Profession:
S. B. Presbrey, M. D., President of the Massachusetts Medical Society
The Dentists: - - - - . - Chairman Massachusetts Dental Board
Address of Welcome: - - - - - President Boston Medical Society
Responses: C. V. Roman, M. D., Nashville, Tenn.; Robert James Abele, M. D., Philadelphia, Pa.
Paper: "The Physico-Chemical Basis of Therapeutics—With Special Reference to the Use of Physical Agents," H. C. Scurlock, M. D., Washington, D. C.
Discussion: - - - - - Albert Ridgley, M. D., Washington, D. C.

Wednesday Morning, August 25—Clinics

Blossom Street Children's Hospital—9-11.
City Hospital 11-1.
Luncheon: City Hospital, 1-2 p. m.
Clinics at Massachusetts General Hospital, time to be announced.
Clinics at Plymouth Hospital, time to be announced.
Dental Clinics at the Infirmary of the Taft Dental College.

Wednesday Afternoon: 2:30

Call to Order. Invocation. Reading of Minutes.
Paper: "Some Points for Consideration in Pelvic Lesions" - - - - - - - - - George C. Hall, M. D., Chicago, Ill.
Discussion: W. A. Warfield, M. D., Washington, D. C.
Paper: "Post Operative Ileus," Report of Causes - - - - - - - J. A. Kenney, M. D., Tuskegee Institute, Ala.

Discussion:
Paper: "The Pharmacist in his Relation to the Physician and the Public,"
- - - - - - - Thomas W. Patrick, M. D., Boston, Mass.
Discussion:
Paper: "Chronic Gonorrhoea," - P. F. Ghee, M. D., Jersey City, N. J.
Discussion:
Paper: "Alveola Abscess." - - T. W. Robinson, D. D. S., Jersey City, N. J.
Discussion:
Report of Committee on Medical Education,
- - - - - - - - - H. F. Gamble, M. D., Charleston, W. Va.

Wednesday Evening: 8 O'clock
Public Invited

Call to Order. Invocation. Music.
Paper: "The Diagnostic Value of the X-Ray in General Practice," with Lantern Slides, - - - Marcus F. Wheatland, M. D., Newport, R. I.
Discussion opened by - - H. C. Scurlock, M. D., Washington, D. C.
Paper: "Tuberculosis in Massachusetts and Methods for its Relief and Control,"
- - - - - - - - - C. W. Harrison, M. D., Boston, Mass.
Discussion: - - - - - T. E. A. McCurdy, M. D., Boston, Mass.
Paper: "The Diagnostic Value of Tuberculin,"
- - - - - - - - - W. C. Gordon, M. D., Springfield, Ohio
Discussion: - - - - - - J. W. Walker, M. D., Asheville, N. C.
Paper: "Nature, Prevention and Treatment of Tuberculosis,"
- - - - - - - - - A. W. Williams, M. D., Chicago, Ill.
General Discussion.

Thursday Morning: 10 O'clock, August 26, 1909

Call to Order. Invocation. Reading of Minutes.
Paper: "Gastric Ulcer," - - J. J. Robinson, M. D., Providence, R. I.
Discussion: - - - - - W. H. Higgins, M. D., Providence, R. I.
Paper: "A few Facts about Uric Acid,"
- - - - - - - - - S. D. Redmond, M. D., Jackson, Miss.
Discussion: - - - - - - J. R. Levy, M. D., Florence, S. C.
Paper: "The Opportunity of Specialization,"
- - - - - - - - - Anna R. Cooper, M. D., Chicago, Ill.
Discussion:
Paper, "The Relation of the Physician to the Pharmacist,"
- - - - - - - A. V. Gray, Phar. D., Washington, D. C.
Discussion:
Paper: - - - - - - - T. S. Hawkins, M. D., Baltimore, Md.

Thursday Afternoon, August 26: 2 O'clock

Call to Order. Invocation. Reading of Minutes. Unfinished Business.
Election of Officers. Installation of Officers. Adjournment.

Thursday Evening, August 26th
Banquet at Paul Revere Hall--Mechanics Building

Toastmaster: Marcus F. Wheatland, M. D.
Prayer: Rev. S. A. Brown.
Our Guests: Horace G. MacKerrow, M. D.
Our Host: George N. Stoney, M. D.
The Local Committee: Charles G. Stewart, D. D. S.
The Citizen's Committee: Mr. G. S. Glover.
The Clergy: Rev. G. Alexander McGuire.
Our Future: P. A. Johnson, M. D.
National Medical Association: George C. Hall, M. D.
The Press: William Monroe Trotter.
The Law: Charles W. M. Williams, Esq.
Our Poet: William Stanley Braithwaith.
The Local Society: John B. Hall, M. D.
The National Journal: John A. Kenney, M. D.
The Allied Professions: W. S. Lofton, D. D. S.

Pharmacists Sectional Meeting

Paper: "The Pharmacist in Business,"
- - - - - Mrs. J. P. H. Coleman, Ph. G., Newport News, Va.

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The Therapeutics of Hot and other Mineral Waters of Hot Springs, Arkansas, in the Treatment of Syphilis and other Diseases.

By HAROLD H. PHIPPS, M. D., Hot Springs, Ark.

I. Therapy of Syphilis

In a series of articles on the subject named above, the therapy of the mineral waters in the treatment of Syphilis is dealt with first, for it is on account of the improvement that is so quickly brought about in the most stubborn cases of this disease that Hot Springs has gained international fame as a Syphilitic Mecca. Keyes, in his work on Syphilis, says: "The fact remains that at Hot Springs certain desperate and unmanageable cases do better than elsewhere." This article is an attempt to explain the reason why to medical readers. Defining my terms and proving my propositions after the plan of Dr. Roman, I will state that the mineral waters include the following: (a) Forty-four hot springs situated on the Government Reservation with an annual average temperature of about 130 degrees Fahrenheit. (b) Two cold springs. (c) Several springs, showing arsenic, iron, potassium iodide and sulphur in their composition. (d) Over one hundred alkaline springs with local names, e. g., Glenaqua, Happy Hallow, etc.

A definition of Syphilis is not necessary. Suffice it to say that the majority of Syphilitics who come here have the disease in the late secondary stage. They usually give a history of having had the initial lesion two or three years ago and of having been treated at home. They got well as they thought and stopped the treatment, but the disease returned in a few months with increased virulence and they have come to Hot Springs as a last resort. Leaving out the specific drug treatment, the details of the treatment by the hot baths and other mineral waters are as follows: The patient's heart, lungs and kidneys are examined and the temperature of his bath graded according to the competency of these organs. In normal conditions 98 degrees Fahrenheit to 100 degrees Fahrenheit is the temperature usually prescribed. The patient must remain in the hot bath about ten minutes, in the hot vapor room (temperature often 110 degree Fahrenheit) three minutes, in the hot room thirty minutes, then in the cooling room till he is cooled sufficiently to leave the bath-house. During the time he is in the bath-house he is instructed to drink copiously of the hot water and throughout his entire stay here he drinks nothing but the Hot Springs, Glenaqua, Happy Hallow and other alkaline waters. Water from the iron and arsenic springs are given later. The results may be summarized thus:

1. The pores are thoroughly opened and the flow of sweat and urine stimulated. Indeed, the patient is bathed in a copious perspiration and the system is given a thorough washing out each day. It is, as it were, flooded with water and tissue changes take place with such wonderful rapidity that Syphilitic poison and other materials of disease are soon eliminated from the system. A secondary result is that much larger doses of mercury and potassium iodide can be given than would otherwise be possible, for their elimination is hastened by the hot baths.

2. These waters contain iodides which, although present only in traces, undoubtedly have a marked alterative effect. They also form soluble compounds with the salts of mercury, thus aiding in their elimination.

3. The alkaline waters, which the patient drinks, stimulate the appetite improve the digestion, flush the bowels and as an end result the anaemia, debility and emaciation improve.

4. Recently, Eastern chemists and pharmacologists have declared that the hot waters contain radium and that this element exerts a specific action in removing the pathology of Syphilis, but even in the absence of this new discovery enough therapeutical reasons have been adduced to support the claim that the hot waters are curative in Syphilis.

II. Therapy of Rheumatism

The greatest degree of success in the treatment of rheumatic cases at Hot Springs has been noted in the chronic articular forms of the disease, but chronic muscular forms, e. g., Lumbago, Plemodynia, Torticolis, Aphalodynia, etc., also do well. In order to make clear the action of the waters it will be necessary to summarize briefly the pathology of these diseases. In the chronic articular variety the synovial membranes of the affected joint are injected and swollen and their surfaces coated with fibrin; the articular cartilages are sometimes eroded; the fibrin factors of the blood are augmented and the total acidity of the urine increased. In chronic muscular rheumatism the muscles show a swelling of the fibres and more or less granular degeneration. The muscles may atrophy or may show a proliferation of the inter-fascicular connective tissue. Therefore it will be apparent that the principal indications for therapeutics are the following:

1. To equalize the circulation in the affected joints and to remove the excess of synovial fluid and fibrin.

2. To diminish the fibrin factors of the blood and to lower the acidity of the urine.

3. To reduce the size of the fibres in chronic muscular rheumatism; to remove the granular changes and proliferated inter-fascicular connective tissue, and to overcome atrophy if present.

As in the previous article the drug treatment will not be mentioned. The patient is put on the Hot Springs, Glenaqua and other alkaline waters. These waters contain the alkalies and alkaline earths, carbonates and bi-carbonates and their adminstration corrects the acidity of the urine and diminishes the fibrin factors of the blood, thus meeting indication No. 2. They also contain the iodides of potassium and sodium in small quantities. But on account of the large quantities of these waters taken, a pronounced alterative effect is secured and indications Nos. 1 and 3 met. There is no dosage to the mineral waters, but when the patient's urine is maintained slightly alkaline the physician knows that the limit for that patient has been reached. To add to this the patient is required to take a course of baths the same as is prescribed in Syphilis with the same results only that rheumatic poison is eliminated instead of Syphilitic poison. Affected joints are kept in hot vapors (105 degrees Fahrenheit to 110 degrees Fahrenheit) with surprisingly beneficial results. Massage equalizes the circulation in the joint and overcomes atrophy. It will thus be seen that the internal administration of the alkaline waters in conjunction with the hot baths meet every indication for treatment in the forms of rheumatism mentioned above and together with the usual drug treatment cases of these diseases do well here that are not amenable to treatment elsewhere.

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JOURNAL
NATIONAL MEDICAL ASSOCIATION

A QUARTERLY PUBLICATION DEVOTED TO THE INTEREST OF THE NATIONAL MEDICAL ASSOCIATION AND ALLIED PROFESSIONS OF MEDICINE, SURGERY, DENTISTRY AND PHARMACY . . . . . .

Vol. 1 October-December, 1909 No. 4

Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery, Pharmacy and Dentistry

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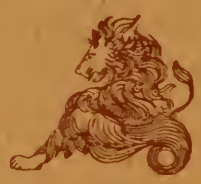

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HOWARD UNIVERSITY SCHOOL OF MEDICINE

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For further information or catalogue, write

W. C. McNEILL, M. D., Secretary,
5th and W Streets, N. W., Washington, D. C.

Two Interesting Cases

Dr. George Selkirk Jones, Ph. D., L. S. A., in an original article, first printed in Medical Reprints, London, says: "I am desirous of placing upon record the two following clinical cases, which have come within the sphere of my professional occupation. The first was that of a lady, the subject of a periodically recurring hemicrania of a decidedly neurotic type, upon whom the usual remedies had (ad nauseam) been tried, with occasional benefit alternated with disappointment. This led me to persevere with Antikamnia tablets, one every two hours for eight doses. This case having secured for me a meed of confidence, I have labelled it, mentally, as my first success with this preparation.

The second one is that of a man aged forty-five, the subject of asthma of a pulmonary type and associated with gastric troubles, for whom I was in the habit of prescribing alkalies. In this case I am now observing the gradually increasing evidences of the benefit of Antikamnia and Codeine Tablets, which, up to the time of writing, have not failed or fluctuated in their analgesic and stimulating action upon my patient's asthmatic condition.

JOURNAL
OF
THE NATIONAL MEDICAL ASSOCIATION

Vol. I *OCTOBER-DECEMBER, 1909* *No. 4*

OPENING ADDRESS

By P. A. JOHNSON, M. D., New York City, N. Y.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 24, 1909

Mr. Chairman, Members of the National Medical Association:

In meeting you for the first time in annual convention in my present capacity of President, I beg to avail myself of the opportuneness of this occasion to express to you my sincere thanks for your appreciable regard and confidence, to which you have given unequivocal expression, by the honor which you have been good enough to confer upon me, by having elevated me to so responsible an office in an organization so important, with so bright a future, with such re-assuring prospects, and such splendid possibilities.

It is eminently fitting that we should congratulate ourselves on the opportunitv which the mysterious course of events has given us to hold such a convention in a city whose soil has been made sacred by the blood of the first martyr to the cause of American freedom and independence, Crispus Attucks, of revered memory, immortalized by so matchless an example of patriotism and self-sacrifice; and the citizens of this commonwealth are to be complimented for the evidence they have given of their exalted sense of appreciation of the exemplary devotion of so worthy a patriot, by having perpetuated his memory in a suggestive monument. It is peculiarly significant that the Association should hold one of its conventions in this historic city, and it is a circumstance, which to us as a race, is of more than passing interest. We feel a just pride in the privilege and opportunity which this occasion affords us of assembling in so large a professional and representative body, and of illustrating some of the striking features of our substantial advance since the days when this city marked the scene of the earliest, the most memorable, and the most thrilling deeds on behalf of the sacred cause of the freedom and the progress of our race; and those services made Boston justly and conspicuously famous. If this convention should accomplish no more perceptible good,

it will be to us sufficient satisfaction and compensation to be able to offer this event as a justification of the unselfish efforts, the heroic sacrifices, the matchless humanitarianism, and the indomitable courage of our earliest friends and champions. The history of our development cannot be accurately written, if the beneficent work of New England, which made this convention possible, and to which is traceable the genesis of that progressive development, should not be recognized as the primary means of so worthy an end.

No more fitting tribute could be paid to the memory of our earliest benefactors, to the doughty and uncompromising champions of our freedom, than to bring this convention to the hallowed scene of their inestimable labors and present it to their immortal shades as a humble but substantial outgrowth of the cause to which they consecrated their lives and for which they were ready to die. The memory of Sumner, Lovejoy, Wendell Phillips, Garrison, Garret Smith, and Lowell will always be associated with the moral regeneration of this country and its deliverance from the grasp of a debasing and degenerating institution. May the inspiration of their example in moral and ethical excellence and the vital services to our race, serve as a lever to lift us into the realm of still greater achievements.

It would be a flagrant injustice to the fair name of this great state and historic city not to mention the names of Dr. Oliver Wendell Holmes, Dr. William T. G. Morton, and Dr. Charles T. Jackson in connection with the discovery of the benign effect of sulphuric ether during operative procedure, which has rendered humanity the world over, a service beyond expression. The credit belongs to the genius of Dr. Oliver Wendell Holmes, who suggested, the term, anaesthesia, and the adjective, anaesthetic, to Dr. Morton. Let me recall to your memory that, in this very city, Dr. William T. G. Morton and Dr. Charles T. Jackson immortalized their names and put the medical profession under perpetual obligation to them by proving to it the adaptability and utility of anaesthesia, an agent which has proven itself to be alone and without a substitute in the realm of medicine, by the peculiar service it renders the physician and surgeon. It is one of the most invaluable agents in the prevention and relief of human suffering that the profession has had the good fortune to possess. Massachusetts enjoys the enviable distinction of having produced these great benefactors of the human race, as well as having made so unique a contribution to the advance of medical science and operative surgery in particular.

History records that the very first martyr to be sacrificed on the altar of Anaesthesia came from our race. In 1842 a Negro slave boy in Georgia was forced to submit to the extreme test of this uncertain agent for an extraordinary length of time. A young student of Dr. Long of Danielsville, subjected this boy to the deadening fumes of Sulphuric Ether

far beyond the time which had then been considered as the limit of human tolerance to the physiological action of this hitherto unknowable drug. The result of this experiment was sent broadcast throughout the world, and it proved conclusively that pain had at last met its master, and that humanity would no longer be sensible to its lasting sting during lengthy operative procedure.

I congratulate the Association on its marvelous growth, on the beneficial influence it has exerted, on the very creditable and utilitarian work it has accomplished, on the appreciable benefits it has conferred upon the members, and on the opportunities it affords for individual and collective improvement, and for the enhancement of the prestige of the professions here represented. The prospects of the Association have never been brighter nor more encouraging, and the factor which, more than any other, is responsible for this happy outlook, is the spirit of harmony which now characterizes and influences the attitude and conduct of the members.

There are two fundamental principles which must underlie our action as an organic body if the highest object of this Association is to be attained, and those are the principles of fraternal good will and sympathy, and that of a common racial and professional cohesiveness. We should not fail to realize that what tends to elevate us in public estimation must be of our own creation. If we do not wish to lag behind in the progressive march of our several professions, we are to take the initiative in such things as will keep us abreast of the times, and show to the public that we are ready to meet the exacting demands of professional life, and nothing is better calculated to achieve this object, than the principle of fraternal solidarity and of cooperative unity of action, which this Association is intended to inculcate and make its prominent and distinguishing characteristics.

If we recognize the possibilities of this organization, the pride and ambition of every member will stimulate his interest to the point of putting forth his best effort to make it an agency for our development and elevation in directions of which we have now no conception. Whatever it may accomplish, and the extent to which it may subserve our professional interest, depend specially on the seriousness with which we regard our individual obligations.

I am persuaded that there is not a member of this organization, who, looking back at its humble origin and early struggles, does not feel increasingly proud of his affiliation, who will not admit that its advent was timely and has supplied an important necessity. Its remarkable growth, its influence, the character of the work it has already accomplished, and the opportunity it affords through the medium of our annual Conventions for public demonstration of the quality of the work of which the Negro practitioner is capable, cannot fail to increase our gain in popular favor, and give us an appreciable incentive for greater efficiency.

The National Medical Association is the first of its kind in the civilized world, and as you know, it was born of the exigencies of peculiar racial needs, made necessary by the distinctness of our existence as a social group, apart from the organic life of this Republic. The sentiment and forces which are responsible for this distinctness, are peculiar to this country, and there is no perceptible evidence of an appreciable change. A recognition of these facts must perforce constitute the only intelligent source of knowlege as to what course of action we are to adopt and pursue, with a view to the advancement and elevation of our complex life, and the development of the manhood of our race to its highest capacity, bounded only by the limitations imposed by a controlling sentiment, in so far as it may crystalize itself into active and tangible antagonism.

There is nothing more obvious, and made increasingly so by conditions we daily confront, and by oft-repeated experience, than the fact that as regards those things which lie at the foundation of our advanced life, and which are to bring us into sharp competition with our more favored brethren in order that our true and intrinsic merits may be relatively recognized, and that we may enjoy the utmost advantage of our higher worth and achievements by an impartial popular judgment, none other than ourselves can be rationally expected to make adequate and necessary provision. What should prevent us, if we be actuated by the proper spirit, and influenced by the proper motive, from developing this Association to such an extent as to make it the center of professional activity, whose influence shall radiate in all directions and transform the professional life of every Negro, infusing into it a spirit of worthy aspiration and an ambition for the highest achievement?

We are living in a progressive age, in a country marked by restless and untiring activity, and insatiable ambition; why, in spite of our involuntary isolation should we not emulate that spirit and forge our way to the vanguard by every legitimate means, and in the various ramifications of professional life? Since we are the architects of our own professional fortunes, the magnitude, the importance, and the splendor of the superstructure that we shall erect will be a reflection of our unaided genius, an illustration of our adaptibility to the peculiar circumstances which surround us, and will be limited, in the sense of its practical service, only by the estimate of our own resources and ability.

THE TREATMENT OF LOBAR PNEUMONIA

By JOSEPH J. FRANCE, M. D., Portsmouth, Va.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 24, 1909

The attempt in this paper is to present a brief summary of the treatment commonly employed at the present time of the prevalent variety of pneumonia—that dependent upon the diplococcus of Frankel.

The uncertainty concerning the true nature, origin, and pathology of this disorder is reflected in the diversity and variety of the modes of treatment advocated and recommended in medical literature, past and current. To the question, Is pneumonia simply an acute inflammation of the lung, of which the pyrexia and other symptoms are the effects, as Laennac taught; or is the local pulmonary lesion only the manifestation of one element in a specific infective fever? there is, unfortunately, at present, no categorical answer. The trend of present-day thought, however, is decidedly in favor of regarding pneumonia as an infectious disease.

In keeping with this view, and by reason of the brilliant results of its employment in other infectious diseases, notably diphtheria, an attempt was made some ten or fifteen years ago to treat pneumonia by serum therapy: some enthusiasts going so far as to declare that "a case of pneumonia, no matter how grave, treated in time with a sufficient amount of serum, must surely recover." (1) But the results obtained did not justify expectations; and serum therapy cannot be counted among the available resources in the treatment of this disease.

The principal indications for treatment in pneumonia are, to relieve pain; sustain the heart; aid in stimulating expectoration; abate the fever; and prevent exhaustion.

1. PAIN—The pain in pneumonia, due to the pleurisy which almost invariably accompanies an acute attact, is Nature's means of inhibiting respiratory movements, and thus setting at rest the inflamed parts. Apart from the suffering it causes, however, the pain, by inhibiting respiratory movements, inhibits also expectorant efforts so necessary to expel the inflammatory exudate with which the bronchioles and alveoli are filled, and retards pulmonary circulation: for it is a well known physiological fact that in expiration the circulation in the lungs is retarded. The relief of pain, therefore, accomplishes these objects: allays suffering; promotes expectoration, and relieves congestion. This is accomplished by various means and measures. A blister in some cases is all that is required. In a majority of cases opium in the form of morphine sulphate in doses of $\frac{1}{12}$ to $\frac{1}{6}$ grain, dissolved in one-half ounce of the solution of the citrate of potassium flavored with lemon or syrup, and given every two or four hours, according to indications, is the remedy of choice. Dover's powder in doses of five to ten grains every two or

four hours also acts very well. Pain is promptly relieved in some cases by the hot application of the paste, antiphlogistine, to the affected parts. Equally effective is the use of the ice bag. The ice bag relieves pain, and, by the sense of coolness it imparts, considerably allays the distress from the pyrexia; but I have not been able to observe that it appreciably reduces the temperature. Dry and wet cupping is recommended. I have had no experience in the use of either.

Venesection in sthenic cases is highly spoken of by some authorities as a means of relieving pain, the dyspnoea, and the full bounding pulse of the first and second stages of the disease. It is claimed for it that the relief to all these symptoms is often magical. (2) I have employed this method in a number of cases and can corroborate all that is claimed for it. The relief following its employment is instantaneous but not lasting. There is a recurrence of all the symptoms within a few hours. In view of this fact, and the exhaustion attendant on its employment, I have doubts of the real therapeutical efficacy of bloodletting in pneumonia. Personally, I employ it very sparingly.

2. The Heart—Equal in importance to the relief of pain in the treatment of lobar pneumonia is to sustain the heart. The hyperpyrexia causes parenchymatous metamorphosis in the fibers of the heart muscle; the action of the toxins produced in the course of the disease tends further to impair the resistance of this organ; while the effect of the obstruction to the movement of the blood through the lungs is to cause an over-distention of the right chambers of the heart. There is no indication, therefore, more imperative than the employment of measures to sustain the heart at the outset of treatment; for, according to the old maxim, Sine pulsu mulla therapeia.

To meet this indication most reliance is to be placed upon three agents, strychnine, quinine and alcohol. Strychnine is an invaluable tonic. Experimentally, it has been proven not only as a stimulant to the cerebro-spinal centres but also to diminish the frequency and increase the force of the cardiac contractions. Clinically, it serves the two-fold purpose of a cardiac and respiratory stimulant. Given alone or in combination with other agents, in doses of $\frac{1}{30}$ to $\frac{1}{20}$ grain at the beginning of treatment, strychnine admirably sustains the heart and the respiratory forces, and prevents the collapse which ensues sometimes on the occurrence of the crisis.

Quinine is given both for its tonic and antiseptic properties. Authorities are not agreed with regard to the value of quinine in the treatment of pneumonia. Dr. Alex. Petzold of Magdeburg, after an extensive use of it in his clinics, declares that, given hypodermically, "Quinine deserves to be regarded as a specific in cases of lobar pneumonia." (3) On the other hand, Osler says, "Personally, I cannot speak of any special advantages which I

have seen from its use." (4) Having observed the antiseptic efficacy of quinine in a case of septicaemia under my care several years ago, I unhesitatingly employ it in pneumonia both for its tonic and antiseptic effect. The general experience of physicians supports the use of alcohol as a trustworthy remedy in wasting and adynamic diseases. In the form of whisky or brandy it is a valuable adjuvant to the two remedies already discussed and should be given early in the disease. The employment of digitalis in the fastigium, before crisis has occurred, or until the stage of gray hepatization, is to be condemned as bad practice. There is at this stage of the disease high arterial tension, and, in the words of Tyson, "To whip up a flagging heart to increased effort, to drive blood through a lung almost as solid as a stone, is like whipping up a jaded horse to an effort beyond his strength, and is about as ineffectual." (5) Nitroglycerine is sometimes employed in pneumonia for its stimulant action on the heart and because it relieves venous congestion. But the drug is a depressant. It promotes the relief of venous congestion by depressing the muscular coats of the arteries, while its stimulating action on the heart is of short duration. Its employment, therefore, is not unattended with some risk to the patient. Personally, I employ it with great caution.

3. Expectoration—For this purpose it is the common practice to employ the salts of ammonium—the chloride and the carbonate; the one for its stimulant, the other for its expectorant properties. Of the efficacy of these drugs for the purpose for which they are employed I have been unable to convince myself. The pneumonic exudate acts as a foreign body to the nerve endings in the alveoli and bronchioles and excites expectorant efforts on the part of the pulmonary nerves independently of the agency of drugs, and I have not been able to observe that the exhibition of either of these drugs exerts any appreciable effect upon the pulse or respiratory rate. The remedies which I have found capable of producing this effect, are strychnine and cocaine, given alone, or in severe cases, in combination, in doses of one-thirtieth to one-twenty-fourth grain of strychnine and one-sixth grain of cocaine every four hours. "Each of them is a stimulant to the heart and also to the vasomotor system, so that they do more than simply aid in the maintenance of the respiratory forces." (6) During convalescence, if cough persists, as it is apt to do in adynamic cases, the exhibition of the chloride and carbonate of ammonium is clearly indicated.

4. Fever—Pneumonia is a self-limited disease, the febrile process being the expression and index of the toxaemia present. In proportion as this element decreases the pyrexia declines. High temperature in pneumonia cannot therefore, be regarded, per se, as dangerous. If, however, the temperature remains persistently at a high level, especially when associated with symptoms of nervous

disturbance, such as delirium, measures must be taken to reduce it. Among the easiest and best is sponging with cold or tepid water. I have seen the paste, antiphlogistine, applied hot to the affected side to reduce the temperature in twelve hours. Sodium salicylate in doses of ten to fifteen grains every four hours gives good results in reducing fever without producing collapse or cyanosis—conditions which often attend the employment of some antipyretics. Some authorities recommend the coal-tar preparations, antipyrin, acetanilid and phenacetin. I do not use them in pneumonia out of fear of their depressing effect.

5. Exhaustion—The causes of death in pneumonia are progressive cardiac weakness, failure of the respiratory forces, and general exhaustion. No treatment is complete, therefore, which fails to give careful attention to feeding and nursing. The necessity of abundance of fresh air in the sick room cannot be too strongly emphasized. A full dose of calomel at the beginning of treatment for the purpose of unloading the bowels and stimulating the alimentary secretions prepares the way for the feeding of the patient. The conditions present being unfavorable to digestion, care should be taken to exclude from the dietary all articles of food difficult of digestion. I have known cases in which even milk was not well borne Broths, soups, and other liquid diet, or concentrated fluid food of which there is on the market an abundant variety, thanks to the enterprise of our manufacturing chemists, are the articles to be relied upon until after the crisis. Water should be allowed freely. Lemonade or orangeade, ice-cold, is sometimes a good substitute.

The treatment of pneumonia, always a serious undertaking, acquires, if possible, additional importance viewed from the standpoint of prognosis, especially with reference to the Negro. It is one of the most fatal of acute diseases. According to Osler "it carries off one in every four or five of those attacked," and hospital statistics show that the mortality ranges from twenty to forty per cent. (7) The following table compiled from the reports of the respective health departments, gives the rate of mortality from this disease of the two races in 1908 in the cities represented:

DEATHS FROM PNEUMONIA IN 1908

CITIES		NUMBER OF DEATHS	POPULATION	RATE PER 100,000
NEW YORK	W	4682	4 422 685	117 05
	C	192	77 840	294 4
PHILADELPHIA	W	2381	1 449 794	170
	C	271	82 944	330
WASHINGTON, D. C.	W	230	241 920	115
	C	275	97 485	300
BALTIMORE	W	583	482 000	145
	C	357	91 000	390

RICHMOND	W	53	71 158	73 4
	C	99	43 109	236 2
NEW ORLEANS	W	294	265 000	147
	C	217	97 000	240
CHICAGO	W	510	2 123 355	24
	C	330	41 800	820
ST. LOUIS	W	483	722 000	
	C	58		
BOSTON	W			11 03 of
	C	1299	624 000	total mortality

The exhibit which this table makes of the high mortality from pneumonia of the Negro population in this country is startling in the extreme, and suggests searching inquiries as to its cause. To what is this excessive death-rate due? Is it due to the inherent weakness of the race, or is the explanation to be found in his environments? Overcrowding, improvidence, intemperance, poverty—these are the reasons usually adduced to account for the Negro's leadership in susceptibility to tuberculosis. Are they applicable also in this case? What then of our white fellow-citizens, a large section of whom shares with the colored man these defects of character and untoward social and economic conditions? The Negro certainly has not a monopoly of these. It must be borne in mind also that it is not only to pneumonia that the colored man succumbs in so large numbers. His mortality from tuberculosis, apoplexy, Bright's disease, and organic diseases of the heart maintains the same unenviable leadership over that of the whites.

Thus as a corollary of the subject of the treatment of pneumonia looms the question of the excessive mortality of the American Negro. It is a problem of primary importance, offering an attractive field for research work of a most practical nature; and upon none rests the duty of entering upon this work so imperatively as on the members of the National Medical Association. The address on Medicine on this occasion will have accomplished a useful purpose if it served to arouse renewed interest in the study of one phase of this problem, namely, the treatment of lobar pneumonia.

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DISCUSSION BY DR. CHARLES I. WEST
WASHINGTON, D. C.

I agree with Dr. Carr of Baltimore who condemns the use of opium in the treatment in pneumonia. He has shown that its use checks the secretions of all the duct glands. He has shown that while

opium relieves cough and pain the following day the patient seems to be worse, with scanty urine, dryness of the mouth, etc. The efficacy of antitoxin treatment in diptheria has been fully demonstrated and I believe that the active potent factor in diptheria antitoxin serum is an internal secretion, and the product of the elaboration of the cells of the ductless glands.

There never was a case of pneumonia cured by drugs; any case of pneumonia ever cured was caused through the agency of the internal secretions, the products of the ductless (not duct) glands. Now then, since it is an acknowledged fact that opium checks all secretions why should we lock up the portals of the ductless glands and in that way eperate against Nature by robbing her of her only means of defence against infection? Every case of bacterial infection which cannot be removed by the direct application of chemical antiseptics must be cured only by the internal secretions and pneumonia is just such an infection beyond the reach of the province of local antisespsis.

THE PRESERVATION OF PHARMACOTHERAPY NECESSARY TO MEDICAL ADVANCE

By A. M. TOWNSEND, M. D., Nashville, Tenn.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 24, 1909

The history of Medicine has not yet been fully written, nor can it ever be; many deeds of its lowly heroes will never be known. Its history is a history of discoveries and many errors; of struggles against superstitions, against prayers, offerings and conjurations; against dreams; against priestcraft and against church hierarchies. Hand in hand, however, has it marched with civilization; step by step has its foundation, true and scientific, been laid in the minds of the world.

The beginning of the Medical Art antedates civilization. Even Egypt in the time of Joseph was possessed of men versed in the arts of healing and embalming, and the Book of Leviticus is a wonderful exposition of the laws of right living, and no greater teacher of Hygiene, than Moses, has yet appeared.

There was an instructive period, when human beings, less than brutes, but somehow knew intuitively that when they were sick, certain changes in their modes of living, in their diet, and in their conduct were demanded.

Then the time when signs and symbols were regarded and immolations to the gods and goddesses were offered as appeasements in behalf of the physically distressed.

Then follows the Pythagorean age, when doctors first visited the sick, the age of reason or philosophy. In which perhaps the most important personage was he who may be

called the father of rational medicine; and though the theories of Hippocrates were, many of them, wrong and his deductions faulty, yet he and his school are the pioneers of our teachings of today. And while Socrates, Plato and Aristotle were dealing with questions involving the ego and non-ego, these pioneers were seeking and advancing reasons for what they did, and imbued men and teachers with the sense that the animal economy of man must be known.

This teaching led to the anatomical epoch of medical teaching, the chief promoters of which were Herophilus and Celsus, and after them the great physician, Galen, to whom perhaps more than any other man of early history is the treasure of Medical literature indebted.

Following this came a transitory state, a state wherein most of what had been believed was discarded and forgotten. The first part of this period embraces nearly fifty years. The world's power was incorporated in one man, and Rome upon her seven hills held dominion over all things earthly; internal dissensions had ceased and no strifes endangered the peace of this mighty empire. And just as the minds of its politicians were lulled into repose by the flight of enmities and wars, just so scientific discussions and philosophic discourses were hushed, and medical science languished and retrograded.

The second part of this transitory period begins at the burning of the Alexandrian library, and lasts nearly fourteen centuries. The West began to decline and the stages of investigation were being erected in the East. The vast accumulation of scientific lore had been destroyed, and in all the then known world the zeal of the proselyte was greater than the wisdom of the philosopher.

It was only at the end of the eleventh century, when feudalism was established and the monasteries gave their protection, that there was any revival in the interest of medicine. The school of Salerno was a product of this age, and its pupils among the greatest and best versed in the healing art; but this school soon fell behind and its departed glory was all that lived.

We come now to what may be termed modern medicine, the age of the rennaissance; we see how minds were re-organized in every branch of knowledge; how investigation succeeded investigation; how the lethargy that had almost paralyzed letters and science, was thrown off; and how like giants aroused, the people shook themselves from their Gothic bonds and acknowledged their own power to lead, and their determination to attempt new things and achieve new ends. We can see them, despite the edicts against dissections, despite the threatenings of the laity, with the church hurling its anathemas against them, with the bishops thundering against them, we can see those pioneers of modern medicine go forward, seeking out the causes and cures of diseases, not even denying those whose abuse they bore, and whose insults and reproaches were heaped upon them.

But it was in the last century that medicine made its most rapid advance. Indeed medicine in that time made more advances than any of the sciences and with the possible exception of electricity, her discoveries have been most wonderful. As evidence, I need only mention the discovery of Anaesthesia, by means of which, "the fierce extremity of suffering has been steeped in the waters of oblivion and the deepest furrow in the knotted brow of agony has been smoothed away forever."

So summing up the history of medicine almost since man first experienced any pain whatever, is the record of experimental researches, having for their paramount object a precise and comprehensive knowledge of the nature of disease and the practical application of means to restore the individual to the normal, or, if such is impossible, to give comparative comfort to the invalid. To which end no agency has been more potent than drug therapy.

From the earliest ideas promulgated by the ancient priests of Aesculapius, through all subsequent schools, and even in the waves of discussion running so high in the beginning of the twentieth century, empiricism has been gradually accepted as a legitimate guide to therapeutic truth and consummate results.

Yet it must not be lost sight of, that the science of medicine owes much to rational therapeutics. Much we know of physiological processes has been gleaned through the study of drug action, and the same holds true in regard to our clinical knowledge of many diseases. The profession owes much to rational therapeutics, not only because of the personal, intimate study of individual patients which must be necessary for intelligent and effective medication and to which much of our clinical knowledge is due, but also for the confidence which the successful use of drugs inspired in the minds of patients.

In this age of Mesmerism, Astrology, Spiritualism, Theosophy, Charlatanism, Quackery on the one hand; in this age of unprecedented achievement in every department of science which contributes to the perfection of the healing art on the other hand, the unfailing, nay, ever increasing, importance of Pharmacotherapy in its relation to the welfare of mankind is almost lost sight of. The rapid advance of experimental science culminating in bacteriological discoveries of signal value to mankind, and the remarkable triumphs attending the development of operative surgery, have tended to disparage the equally noble and far more widely cultivated and useful field of drug medication.

This result is the more deplorable since it creates in the minds of the young and inexperienced an impression of contrast and divergence in departments of science and art naturally and indissolubly correlated. It is not to be wondered at, that the marvel of the laboratory and the splendid achievements of the surgical arena, should possess for the tyro an entrancing interest, yet it must be borne in mind that the most brilliant

triumphs of diagnostic and surgical skill prove futile as the means of arresting disease were they not supplemented by drug therapy.

What would surgery be to us without our absolute reliance upon antiseptics and anaesthetics?

That pharmaceutical knowledge is a powerful weapon in the armament of the medical practitioner, no one will deny. Yet no branch of therapeutic science is now being more neglected than a practical acquaintance with the nature and uses of drugs.

Two scenes of confusion are now presented to me. Within the gates of the profession, we hear the clamor of the men who would substitute the laboratory for the bedside. One cries out vociferously for every new product of the advertiser's skill; another shouts boldly that the treatment of disease is a product of the imagination. One lauds the operating table as the corrector of all abnormalities. Another praises baths as the modern elixir of life, another electricity, another radium. This one rests his therapeutic faith in nurses and that one consultations, and thus it goes on and on.

Without the gates of the profession, we see healers of various names and conditions, even more noisy, each shouting for his little cure-all, his little panacea for ills, his ointments and pills, all disagreeing in everything but their attack on what they see to be the weakest part of medicine.

For some time past there has been a tendency to belittle the utility of drugs, and to me, in deserting drugs to take up other methods, we have vacated a stronghold in which we were impregnable and have ventured out into a field in which we are altogether at a disadvantage.

Oh, I imagine, were it possible for the pioneer devotees of medicine to come back, I could hear them sound the clarion note of warning: "Go back to your drugs. Go back to your sick-room. He is the real physician who, by the bedside, studies his case, recognizes the deviations from normal physiology, and knowing his drugs, their physiological action and indications, administers the drug that is exactly needed. There is where the question of competition is settled. Nobody can compete with you on such a ground."

The field of surgery at best is limited, and I stand firm in the conviction that it is in the field of Pharmacotherapy is medicine to advance farthest. It is to be the glory of the twentieth century. Illustration of this is the discovery of Thyroid extract in the treatment of Myxedema heretofore considered incurable. Again, I believe that the preservation of Pharmacotherapy is absolutely necessary for a permanent medical advance. Nothing illustrates this better than the loss of a patient after a most skillful and successful operation because of the lack of knowledge of drug therapy on the part of the operator. Sad is the scene when the surgeon after his prolific knowledge of Anatomy, after his most painstaking and accurate technique in the performance of an operation, knows not

with accuracy what drug to administer to overcome the shock, to combat the sepsis, to raise the opsonic index, or restore the rythm of the heart's action.

Suffice it to say that to him who takes a conservative view of the progress in medicine it is evident that the investigation of the present as well as the past century affords a guarantee that we are following the right road of progress and permanency when we stick to our Materia Medica, and assures us that in regard to the healing of disease there lie before us in the field of Pharmacotherapy unlimited possibilities.

I believe that there is somewhere, somehow in His vast kingdom, an element or combination of elements, either of earth, or air, or water that will cure all our ills and conquer the sting of death. The time has not yet come for man to have the fullness of this knowledge, but one by one, and little by little, they are being found out; slowly, and step by step the ingenuity of man is being taxed.

The curse of Cancer is still upon us. Though it is possible that it can now be conquered by early and radical surgery, yet how willingly would we lay down our knives for the curative drug.

We are now being infested with Pellagra, and the drug to effect its cure must be found.

Humanity is still the victim of that inveterate and unrelenting enemy of our time—Consumption—that dreaded monster, which of all agencies inimical to human life is, and seems always to have been the greatest and most destructive, the agency more than any other entitled to be considered the executioner which fulfills the brutal law of the survival of the fittest.

Yes, and I believe that Tuberculosis will be conquered. Nature stands ready to give up the cure for consumption, and the seemingly incurables. Who the fortunate discoverer will be, I know not, but as for me, I would rather be that man than to have the strength of a Hercules, the sapience of a Solomon, the wealth of a Midas, the gift of a Shakespeare, the inspiration of a Columbus, the glory of a Napoleon, or the honors of a Washington.

To reach the heights here mentioned, the fundamental requisites are intelligent observation, careful investigation and logical deduction. Application of any remedy to a diseased condition without the fullest appreciation of the object for which it is employed and the fullest comprehension of the remedial action desired, is not only unscientific, but positively reprehensible. And as I close, for the time fails me, I wish to denounce in severest terms and declare that physician unfit to wear the spurs of medical knighthood, who either from indifference, indolence or ignorance, resorts to the practice of nostrum prescribing and pins his faith to these rather than rely upon the known, true and tried drugs that have stood the test of centuries.

It is in the field of drugs that we have positive therapeutic data so painstakingly accumulated by pre-

ceding generations of physicians, and as result we can absolutely and with certainty rely upon Quinine to destroy the Plasmodium Malariae, Mercury in Syphilis, Opium to relieve pain, Aconite to reduce the temperature of Catarrhal fevers, Phytolacca Decandra to disgorge the glandular system, Lobelia to relieve functional praecardial oppression, and a host of others.

Even the uncertainties that may occasionally be met with, are due to differences in individuals and circumstances, or may be due to the physician's lack of confidence in his drugs, or ignorance of its physiological action, or fear to push it to the effect desired—all which can be overcome by the proper study of these conditions, the proper study of the drug, with a reasonable degree of judgment. The practice of nostrum-prescribing has led directly and indirectly to numerous and most serious evils, not only affecting the patient and the physician, but the profession itself. So long as the experience of Clinicians is mainly restricted to preparations of which they know little beyond the highly colored prospectuses of the manufacturers, Pharmacotherapy cannot advance. Even the public is rapidly coming to realize our shortcomings in this respect and the reputation of our profession must inevitably suffer if we do not "cry down" this practice.

It is true that the best physicians rely upon a comparatively small number of drugs, but these they know perfectly, just as the best mechanics use few tools.

We must learn more about the exact indications, the physiological action and the therapeutic value of such drugs as Opium, Aconite, Belladona, Gelsemium, Lobelia, Ipecac, Nux Vomica, and there will seldom be a demand for the use of nostrums.

And away down the ages to come, when all the bloody deeds of heroic warriors have been sung and painted and sculptured, and the poet sighs for another theme, and the artist knows not a picture to place upon his canvass, and the sculptor wonders what group next to chisel, let them visit a sick-room and watch unseen, the conscientious physician bending over a little child, having diagnosed closely, reaches for his medicine case and withdrawing therefrom the known remedy, stimulates organic activity, supports vitality, steadies the nervous mechanism, and thereby snatches from the torture of physical agony and rescues from the "grip of the grave" the idol of some mother's heart.

DISCUSSION BY DR. GEORGE E. CANNON

Dr. Cannon said: "Dr. Townsend has presented to us an eloquent oration on drugs. His paper shows much research, and brings before us in a vivid manner, the necessity of the physician being well grounded in the therapeutic power of drugs. The more we study drugs, the more we become convinced of their wonderful healing powers. Yet we should not let the great power of drugs prejudice us against surgery. There

are cases clearly clinical, and there are cases clearly surgical. The point where these two conditions blend, will always be debatable ground. So, however ardent admirers we may be of drug treatment, we should bear in mind that it is just as grave an error to treat a case too long clinically, as it is to treat it too early surgically. Drug therapy and surgery are indispensible to one another, and must go hand in hand in order to attain the highest in medical science."

DISCUSSION BY DR. C. V. ROMAN

Dr. Roman of Nashville, Tenn., discussing Dr. Townsend's paper said: "I wish to commend the idea expressed in the title of the paper. It shows a healthy conservatism of thought. Brilliant discoveries sometimes cause so much enthusiasm that the relative importance of things is forgotten in our estimates. Surgery is only one branch of therapeutics but there seems to be a tendency in some quarters for a part to assume the importance of the whole.

"I congratulate the essayist for sound observation of the landmarks.

"Until medicine has done her perfect work and all therapeutics become prophylaxis, drug-therapy will remain what it was in the beginning —the lodestar of our profession."

POST-OPERATIVE ILEUS: REPORT OF CASES

By J. A. KENNEY, M. D., Tuskegee Institute, Ala.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 25, 1909

Mr. President and Members, National Medical Association: I bring this subject to your attention, because I know of no condition in the realm of medicine and surgery where the very soul of the Medical Attendant is so tried and perplexed as in post-operative ileus. A typical case: a tedious laparotomy is performed for some one of the numerous intra-peritoneal pathological lesions. There has been a prolonged anesthetic and maybe deep narcosis—possibly the operation has necessitated much manipulation of the intestines and probably exposure. There may have been trauma of the omentum, or abrasions of the parietal peritoneum from too vigorous retraction or other causes, or the operator may have put his patient to bed feeling secure that she is O. K.: for simple exploratory laparotomy has been followed by this condition. The patient is recovering from the anaesthetic, vomits, looks sick—more so than is customary in ordinary post-operative convalescence. Shortly she vomits again; maybe a dark fluid resembling coffee. As she further regains consciousness she complains of pains—is restless—vomiting may continue. The abdomen distends with flatus, pulse and temperature variable, patient complains of wanting to have an action of bowels, but lacks force to do so; these symptoms increasing as the time goes on in alarming degree.

What is the remedy? Expectant or radical—medical or operative? The answer depends quite largely upon the diagnosis and this is not always easy. This picture would center the attendant's mind on one of two conditions—septic peritonitis or intestinal obstruction. Dr. J. B. Murphy in his article on "Surgery of the Appendix Vermiformis" in Keen's Surgery Vol. IV says: "There is no more perplexing problem in all surgery than to decide when to reopen the abdomen with the symptoms of post operative ileus."

Thus the diagnosis is all-important and sometimes very difficult. If septic peritonitis, is it local or general? If local, the abdominal symptoms are localized to the seat of disturbance and the general symptoms more mild and of shorter duration. If general, we have universal abdominal pains, and the nausea, vomiting, pulse and temperature symptoms are increased. Excessive meteorism, anxious expressions, knees flexed, rigid abdominal muscles, and bowels locked till just before dissolution; when they will move, furnishing hope and encouragement to the uninitiated, when it is really a fatal sign. One such case occurred in my early practice following perforative appendix and one is sufficient to stamp the picture indelibly on the mind. By a careful study of the symptoms we may be able to exclude septic peritonitis. Dr. J. B. Murphy says, "In septic ileus there is always a primary elevation of temperature, in mechanical ileus, never a primary elevation of temperature." Another aid in diagnosis.

Having excluded septic peritonitis, we turn our attention to intestinal obstruction. Is it mechanical or paralytic? My experience having been almost entirely with the paralytic variety I will confine myself especially to that kind leaving the mechanical for those who may discuss the paper. What I shall say concerning the mechanical obstruction will be mainly for the benefit of differential diagnosis. The classic symptoms of pains, nausea, vomiting, distention of abdomen with gas, slight rise of temperature, or it may be sub-normal with rapid weak pulse and anxious expression. Borborygmus excessive in the early stage, diminishing later—vomiting increasing with the time since operation, and patient unless relieved, rapidly going into collapse. The symptoms would undoubtedly lead to the diagnosis of mechanical ileus, but some of them are the same for paralytic ileus and thus the difficulty.

In adynamic ileus, as a rule, the vomiting begins early after operation, and decreases with time. The contrary is true with mechanical ileus. In the paralytic form, borborygmus is absent. In the mechanic it is excessive: pain is not colicky or wavy in adynamic as in mechanical.

TREATMENT: As above stated my limited experience has brought to my attention very few cases of mechanical ileus; hence I will dismiss the treatment of such cases with the general remark that in view of the high mortality from this source and the almost absolute fatality in delay, I urge that the diagnosis be

made as early as possible and laparotomy performed before symptoms of collapse are manifest; when to operate, ninety-nine times out of a hundred, is surgical suicide, for they practically all die, and the procedure only serves to stigmatize the honorable profession of surgery.

Having decided that the case is one of paralytic or adynamic ileus, as a rule, surgical intervention is not necessary (still it may be at times for the reflex conditions, etc., producing it). The remedies which have given best results are gastric lavage, proctoclysis by method of Dr. J. B. Murphy, morphine, atrophine, in one sixtieth grain doses, and eserine in one-sixtieth to one-thirtieth grain doses per hypo. Strychnine has also been used with some apparent result; but in my experience the one remedy which has brought more comfort to me and relief to my patients than all others combined is powdered alum. V. O. Hardon in The American Journal of Obstetrics, 1901, speaks of its beneficial results in rectal injections of one to two pints of three to five per cent. solution given shortly after operation. Dr. John B. Murphy says, "in a limited experience I have also found it very efficacious." In our cases we have used it one ounce to the pint of water usually as a low injection, and I don't recall a case in which it has failed. It has brought results in several cases when other remedies have failed, and at times when there seemed to be no hope but to re-open the cavity. The results are usually prompt; within five to thirty minutes and sometimes gas and fecal matter are liberated with tremendous force.

PROPHYLAXIS: I should not dismiss the subject without saying a word about prophylaxis, which I consider, in this condition is very important. It is significant that most of my cases came in my first attempts at abdominal surgery. Until June 6th of the present year I had not had a case for three years—so long a time that I had forgotten how to use my alum enemata and everything else failing me I had to search the old charts and histories till I found "ounce to pint" and lost no time in using it, with results as above stated. I believe that the more skillful the surgeon, the fewer cases of post-operative ileus he will have. Dr. J. B. Murphy says post-operative ileus is rather a rare occurence in his experience which he attributes to avoidance of trauma during operation, and to post-operative management—proctoclysis as a prophylactic. Care in all details, with gentleness in manipulating the intestines and keeping them from exposure, careful preparation of patients for operation, covering all raw surfaces, respect for the omentum, incisions sufficiently long to manipulate without too vigorus retraction and wounding of the parietal peritoneum, and tieing vessels separately instead of mass ligatures, will greatly reduce the number of cases of post-operative ileus. We have to some extent used proctoclysis as a preventative. We like it, but experience limited. Also we have practiced in some cases, and believe effective, leaving a quantity of nor-

mal salt solution in free peritoneal cavity in which the intestines may float in adjusting themselves, and also to prevent adhesions.

CASE 1—M. T.C.—Female Age 24, Single, Occupation, Pharmacist. Family History, negative. Personal history: Had suffered much with digestive disturbance, constipation, coated tongue and foul breath. Taken with classical symptoms of appendicitis. January, 1906, operation. Appendix with pus in distal 1-4 removed. Post operative nausea and vomiting, but not to extreme degree. Abdominal pain, meteorismus, absence of peristalsis and inability to move the bowels for four days, even though patient's desire very great. She complained bitterly—among other things said she did not believe her bowels ever would act again. Calomel in 1-10 gr. doses every 1-2 hour begun on second day. Three grains given and no results. Saliva tion set in increasing patient's discomfort and furnished new cause for complaint. Salines not retained and enemata without results. Finally the alum enema given and large movement secured with great deal of gas, which continued to pass for some time, much to the relief of the patient, nurses and physician. From this recovery uneventful.

CASE 2—S. T. E.—Female—Age 22—Single—Occupation, Nurse. Family History, negative except that patient had suffered with three attacks of appendicitis and frequent constipation. Patient while menstruating in March, 1906, began with pains in right Iliac region. Slight rise of temperature, 99 degrees, pulse 100, nausea and vomiting, some distention of the abdomen, pain on pressure and rigidity over the appendix. Diagnosis not made at once because of complicating menses, which ceased after 36 hours, and above symptoms continuing, diagnosis made. Patient prepared for operation which was prolonged to 1 3-4 hour due to difficulty in locating appendix, which was finally found much inflamed and with adhesions but without rupture. Appendix removed and operation completed. During the operation the intestines were much handled and exposed. Patient put to bed after operation at 1:15 p. m. Pulse 120. vomited at 1:30, 2:40, 5:10, 6:30, 11:50 and 12:40. Complained of much pain. Had singultus, much expectoration of mucous and vomiting, which symptoms continued for three days when a little flatus was expelled per rectum. Temperature not above 99 and pulse 116 to 120. During this time abdomen much distended with gas and absence of peristalsis with the "gas pains" very distressing.

In this case a little tr. Capsicum given per orem. Strych. Sulp. hypodermically and normal salt solution per rectum, later purgative enemata; after satisfactory bowel movement on the fifth day, patient went on to uneventful recovery.

CASE III—L. G.—Male—Theology student—Age 21. Had an attack of appendicitis. Refused operation. Recovery in about three weeks. Suffered afterwards with pains in ab-

domen frequently, especially lower right quadrant. Pains more annoying in early morning with frequent nausea and complaints of pulling in right iliac region. Patient sought operative treatment because of these annoying conditions. Operation, May 9, '06—An abnormally long appendix found turned upward on the cecum and bound to it by a band of tissues throughout its extreme length. Adhesions dissected, appendix removed, raw surfaces covered and operation completed without drainage. This case presented one of the most complete pictures of paralytic ileus that I have witnessed. Pain in abdomen, small amount nausea and vomiting—temperature and pulse moderate—excessive abdominal distention, absolutely no peristalsis of borborygmus.

Stethoscope over abdomen gave the same results as though placed over the thigh or buttock. Patient very difficult to manage. Fussed and rolled and made much outcry. Begged for relief as his bowels wanted to move but he had no power. Usual remedies resorted to but no relief until fifth day with alum enema which brought excessively large movement with great force and large amount of gas. From this time convalescence uneventful. Symptoms in this case were so distressing and tension so great that on the fourth day we ordered preparation for re-opening, but on examination found wound in such good condition that we decided to wait a little—with above results.

Case IV—L. O. C.—Age 38—Widow—Occupation, Nurse. Family History, negative. Urinalysis, negative, except specific gravity, low: 1008; operation for hemorrhoids in 1900. Suffered with dysmenorrhoea from puberty, headache, backache, constipation, bearing down and pulling feeling in abdomen and back. Examination showed several hemorrhoids present. More or less painful at all times, and at times especially so. Bimanual examination discovered fundus of uterus doubled on cervix and lying on rectum. Local treatment with tampons, etc., gave some relief, but finally decided to operate, which was done June 8th, 1909. Effort was made to put this patient in the best possible condition for operation, by rest, diet, tonics, laxatives, etc., for two weeks prior to the operation. Appetite being poor, very little food was taken for several days, and elimination from kidneys and bowels seemed satisfactory as there were seven bowel movements from calomel, and salines and enemata in the twenty-four hours prior to the operation; and 450 cc. urine passed in last fifteen hours before. I call special attention to this matter of elimination because coprostasis seemed one of the chief elements of disturbance after operation. Median incision, uterus buried in hollow of sacrum by dense fibrous adhesions which could not be separated with gloved fingers or sponge, but had to be cut. Fibro-cystic degeneration of right ovary and tube which were a mass of adhesions. The pathology here was so marked that total ablation of right adnexa was necessary. Left ovary, cystic.

ERRATA

Attention is called to the following corrections: Page 209, "atrophin" used where "atropine" intended; Page 210, last line of article on Post-Operative Ileus, the word "decision" used where "discussion" intended; Page 223, the letter "M" should precede the word "Sig."; Page 232, In title, "Crisis" intended where "Crises" used.

Cysts punctured and their sacs removed. Closure with No. 1 catgut. Uterus suspended by looping of round ligaments and attaching to fundus posteriorly. Raw surfaces covered and after satisfactory toilet of abdomen closure by usual method. This operation was preceded by dilatation and curettement, and now the hemorrhoids were removed. As the patient returned to consciousness—she began to vomit—first, a whitish liquid, later green, and greenish yellow, which continued more or less, for three days. Had to be catheterized the first two days. Twenty-four hours past operation: Temperature 99, pulse 90. Complained of severe pains all over the abdomen which was distended up into hypochondrium and even into the thorax. Much gas passed per rectum at 12, midnight of the 10th., and some relief for six hours. Pain returned, gas again developed. Patient very noisy most of the time. Condition seemed more or less critical till June 13th when large bowel movement secured with much gas and patient began to improve.

TREATMENT: Strych. Sulph. hypodermically, later atrophin 1-60 followed by 1-120 every four hours for several doses, closely noting the effect. Stomach tube was not used, as the vomiting improved after two days. Insertion of rectal tube for passage of flatus. Special enema of oil of turpentine, two drams; glycerine, one ounce; salt solution, six ounces. Enema of salt solution by slow method. Enemata frequently retained and condition worse. At 11:55 p. m., June 10th, one ounce of powdered alum given in one pint of water. In five minutes a large movement with a great deal of gas returned. These had to be repeated from time to time later reducing strength to half ounce to a pint of water.

The gas would rapidly develop and produce much pain. I call special attention to the excessive amount of gas and faecal matter passing after operation and continuing in great amounts for a week. This, after careful dieting and elimination mentioned in preparatory treatment. At one time the pulse reached 135, but this was due to exertion, the temperature did not exceed 100. The problem in this case was to open or not to open—stethoscope could detect no borborygmus or evidence of peristalsis. The intestines seemed perfectly lifeless. Three symptoms helped me to decide against re-opening. Vomiting came early and diminished. Temperature maximum, 99.8 degrees; and not at any time sub-normal. Pulse maximum 104 except once on exertion, 135; but subsided in two hours.

In analyzing this case I attribute the etiology to 1, Coprostasis—The patient was of a constipated habit and the pre-operative treatment brought several evacuations, still the intestines were loaded. 2. Prolonged operation, first, dilation and curettement, then the laparotomy, and lastly the hemmorrhoids. 3. Deep narcosis—The patient was so deeply anaesthetized that she was in bed some time before there was even a

conjunctival reflex. We like to have our patient so anaesthetized as to show signs of returning consciousness before leaving the table. 4. Exposure of the intestines in a room where temperature too low. During the operation the temperature went down without our knowledge.

I bring the subject to your attention, and report some of my cases—not as an experienced surgeon, but with the hope that we all may profit by the decision which we hope may follow.

DISCUSSIONS OF DR. KENNEY'S PAPER

In discussing Dr. Kenney's paper, Dr. W. C. Gordon of Springfield, Ohio, said: "My own experience leads me to confirm all that Dr. Kenney has said about the effacacy of powdered alum in cases of ileus. Our experience has led us to dissolve it in a dilute solution of hot boiled starch rather than in plain water."

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Dr. R. A. Taylor of New York complimented the essayist and indorsed his paper.

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Dr. A. N. Gordon of Augusta, Ga., confirmed the use of powdered alum as Dr. Kenney has suggested; also in gun-shot wounds of abdomen with tympanitis.

THE PHARMACIST IN HIS RELATION TO THE PHYSICIAN AND THE PUBLIC

By THOMAS W. PATRICK, M. D., Boston, Mass,

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 25, 1909

Mr. Chairman, Members of the National Medical Association, Ladies and Gentlemen:

My paper is entitled, "The Pharmacist in his relation to the Physician and the Public." Bear with me while I put a short prologue or foreword to my paper, which is as follows: My purpose for selecting the present subject for your consideration is because it is one that has not been satisfactorily settled, and that conduct in the relations indicated is not to be determined by merely saying that each may act as he will provided he does not violate the law of the land. Moreover at the present hour the problem is demanding an immediate solution. Much difference of opinion prevails on this subject, not so much from the complexity or innate difficulty of the question, but because the parties immediately concerned have approached the subject with ready-made conclusions, or have allowed, what has been appropriately termed, the "personal equation" to influence their feelings and thus bias their judgment.

It has been my good fortune to be afforded the opportunity to study this subject thoroughly, and I may presume to say that I have studied it with some degree of impartiality; probably by reason of my dual

qualifications of physician and pharmacist.

I trust that our discussion of the subject will prove of interest to all, for I am convinced of the fact that if each of the parties concerned would understand that the basis of his conduct must be determined by his relation to the rest, a greater measure of good would be the outcome.

The study of relations necessarily comprises the consideration of the subject or active agent and the object or objects of its relations, hence it follows that in the treatment of my topic, attention must be given to all three factors.

It is a well-known fact, that formerly, the functions of attending the sick and the mixing of medicines were performed by one and the same person, but as time went by, there gradually came about a separation or differentiation of these functions. This differentiation just noticed was bound to occur, as it is based on the fundamental evolutionary law, to wit: that where structure becomes diversified there must consequently follow a diversity of functions, and that diversity of functions implies diversity of organs performing their work. It is true that, not even this twentieth century, can be considered as having reached the limit of attainable differentiation.

The preceding statement we consider very essential, as it prepares the way or furnishes us with a formula for deciding a very important question, now to be discussed, namely, Should the physician supply his own medicine? This is an ever-recurring question which has received for answer an unqualified "Yes," or "No." These answers are generally given without a due consideration of all the facts and surrounding circumstances of the case.

For that reason it is necessary that a proper understanding, between the physician and the pharmacist be reached, an understanding that is based on natural and logical grounds; in such event a fuller proportion of benefits would accrue to all, the physician, the pharmacist and the public.

On one hand, we hear the pharmacist protesting against what he deems an unrighteous encroachment on his special rights; and on the other hand, we hear the physician justifying his act on the grounds of personal convenience and economy, and some add further that if the pharmacist attempts to give medical advice, why shouldn't the physician compound his own prescription?

Note, in the first place, that "division of labor," or specialization of functions is one of the ear-marks of progress; and next that the frequent repetition of the same acts create a greater proficiency for their performance, both in the facility in producing and in the quality of the finished product. We find this law exemplified in the familiar illustration of the country grocery store, which at the same time is exercising the several functions of post office, hardware store, express office, drug store, etc.; but when the same locality becomes de-

veloped, such development normally carries with it a specialization of functional activities. Abundant proof is found on all sides in support or rather exemplifying this law, I shall however, add another illustration taken from Embryology, I refer to that branch of science which treats of tissue differentiation; here an original mass of indifferent cells evolve into the three primitive layers, the ectoderm, the endoderm and the mesoderm, and from these germinal layers all the organs and tissues of the body are subsequently evolved.

The conclusion necessarily reached is, that in keeping with evolutionary demands, and for the subservience of the general good, the physician should not supply his own remedies, except in cases of emergency, and this of course is to be determined by his good judgment and sense of his relation. Let me remark further that keeping in mind what we have attempted to formulate, even the well-advertised medicine case with its alkaloidal or other convenient form of medications would not be a sufficient reason for his practicing pharmacy.

There is a further objection to the physician's dispensing his own remedies, and that is because of the limited stock of drugs which he carries, for where he would otherwise add an adjuvant, or corrective, or order a particular vehicle, he gives the patient only the basis or active ingredient. In many of these medicines there is a lack of palatableness and elegance of appearance, two requisites which the present-day public is demanding of their medicaments.

Parenthetically, let me state that my paper presupposes that we are dealing with the competent and well-trained pharmacist, and therefore it will not be necessary for me to outline, specially, the kind or amount of professional education necessary for him to possess. I am considering him from the ethical or relational standpoint.

We shall now inquire as to what extent, if any, is the pharmacist justified in giving medical advice and remedies to the sick. Herein, we note, not only his relation to the physician but to the public also. In fairness to the pharmacist it must be observed, that in the majority of instances he does not hold out himself to give advice or prescribe for disease, but he is rather sought and importuned by the sick, his acts are more compulsory than voluntary. The reason for this condition of affairs is plainly evident; the layman does not fully realize the strict necessity of differentiation; and moreover, the fact that the direct means by which he is restored to health were by drugs, that the drug store was the repository of them, and further that the pharmacist was the proximate agent for their dispensation; then again the customer comes to the pharmacist and asks for something for the headache, and is given a remedy. Is this prescribing? Does his treating symptoms rather than cause, affect the question? I maintain that these questions, though they relate to the main issue, do not

decide them. The pharmacist does not solicit patients, nor does he actively hold himself out in the capacity of a physician; his wrongful conduct lies, namely, in the additional price which he charges for the medicines furnished, a charge vastly in excess of what he would ask if the same ingredients were ordered on a regular physician's prescription. And again the restraining influence of the law tends to deter the pharmacist from encrouching upon the physician's field of activity.

Whenever there is any encroachment the public is to blame; one curious illustration of this assertion is found in the appellation of "Doctor" by which the pharmacist is quite frequently addressed.

The pharmacist is not justified in explaining when requested by patients the action of medicines ordered by the physician, nor should he attempt to diagnose the malady from the drugs prescribed; for the questions in themselves plainly show a distrust of the physician and a lack of confidence in his ability; and the pharmacist should of all persons be the last to countenance any such conduct on the part of the patient.

Another important question of relations is that of "Overdoses" which the pharmacists not infrequently detects in the prescriptions of even the most careful of practitioners; where the physician writes "drachms" when he has in mind "grains," or where the signature reads "tablespoonful" and he intended to give "teaspoonful" doses, and where to dispense as written would prove disastrous.

The pharmacist very properly consults the physician, directing his attention modestly to the error and the physician instead of candidly admitting his mistake, too frequently tries to justify what he has written, but nevertheless he alters the prescription. The physician thinks that to admit the error would be a reflection on his skill and ability; this is a mistake, however, for the pharmacist knows that the physician, like all other human beings, has not yet reached the stage of perfection; of course where such mistakes of a like nature constantly occur, another question is presented. A simple admission, candidly made, disposes of the whole matter; while a different course has a tendency to produce a feeling of antagonism, on the part of the pharmacist against the physician, a condition which the young practitioner, especially, should try to avoid.

The pharmacist should not be a party to the disreputable practice of filling what we may call, "secret code" or "cypher" prescriptions. There is no excuse for the practice; it is an abridgement of the rights of the public, producing its injurious effects by stifling wholesome competition, and by tending to delay the means by which lives are saved or health is restored, and this is clearly against public policy.

There is another very important relation which the pharmacist bears to the physician, but more especially to the public. I am referring to those baneful and habit-producing drugs

which his profession necessarily entrusts to his custody. The numerous instances of prosecutions of pharmacists in nearly all parts of the country, almost daily, especially for the unlawful sales of cocaine hydrochloride, is testimony that the pharmacist is not doing his whole duty to the public. All reputable pharmacists should therefore lend their aid to suppress this evil, not only negatively by not selling such drugs, unless according to law; but positively by extending all possible aid in bringing the wrong-doer to justice.

The summary of my paper of the more important questions considered, may be expressed as follows: that the physician should not supply his patient with medicine, except in cases of extreme shift; that the pharmacist should not give medical advice, even in slight ailments; that the encroachments of the one on the activities of the other is no justification for the conduct of either; that the public should be taught by the continued efforts of both pharmacist and physician that their professions, though related, are not identical in functions; and that better results would be obtained as a result of these recognitions.

At the opening lines of my paper I made reference to the opportunities which were afforded me by virtue of my medical and pharmaceutical qualifications, of studying the different views held by members of both professions. Some of you no doubt may be interested to know the special nature of my activities in this portion of the country. The greater part of my labors have been in the capacity of teacher of pharmacy, for upward of fifteen years. I operate and conduct a school of pharmacy that has an average yearly attendance of one hundred and twenty-five students. Though the majority of my pupils are drug clerks actively engaged in the business, yet there are a large number who enter my school without any previous knowledge whatever of drugs and who take up the regular course of studies necessary to fit them to become pharmacists.

I regret to say that not until recently has it been my good fortune to enjoy the privilege of assisting any member of my race in this department of study, but now I have two colored pupils, and I take great pleasure in naming them, Miss Lillian H. Gideon, who is also a member at the Plymouth Hospital Training School for Nurses, and Mr. Thomas Ferguson.

It affords me great pleasure to meet so large a number of my professional brethren and to mark the advancement made by the National Medical Association and to note further the good work which this body has accomplished. In conclusion, let us, when we part, take with us a greater sense of our responsibility, resolving that wherever our lot is cast, whether in the District of Columbia, Georgia, Alabama, or Massachusetts, each will strive to advance the welfare of mankind at large and our race in particular.

DISCUSSIONS OF DR. PATRICK'S PAPER

Dr. C. Lennon Carter of Harris-

burg, Pa. in discussing the paper said: "The paper gives much food thought for the pharmacist as well as for the physician. My experience has led me to think that the druggist has not always been fair in his dealing with the physician or the patient.

"He seems to be unwilling to inform the patient that his skill does not extend beyond the chemical and pharmaceutical laboratories, but many times we see patients coming into the drug store, passing behind the prescription counter where the druggist makes diagnosis and gives treatment for the few pennies he makes, and without any hope of helping the patient.

"I am anxious to see the day when the druggist will be contented with his own high calling and by so doing assist the physicians with diagnosis and cure of diseases."

Dr. A. Wilberforce Williams of Chicago.—Mr. President: "I desire to make just a few observations on discussing the paper read by Dr. Patrick. I wish first of all to thank Dr. Patrick for his valuable contribution to the literature of the subject before us. We all know that Dr. Patrick is a master in his profession of pharmacy and has done much work along this line—he has had years of teaching and preparing doctors from all parts of the country, to take the examinations of various State Boards of examiners.

"I am not one who believes in a wholesale criticism and abuse of the druggist for 'counter prescribing' to his customers, nor do I believe we will ever be able to remedy the existing condition by abusing and condemning the doctor for dispensing his own medicine.

"There should be a better understanding between doctor and druggist—there should be a hearty co-operation and a friendly feeling existing between them. Their interests are identical. The doctor should be fair and recognize the rights of the druggist. You can never win men to your way of thinking by argumentation, fault-finding and abuse. Let the doctor and the druggist get together and mutually assist each other.

"There are persons whom the druggist cannot refer to a physician —and the druggist must either sell this person what he wants or lose his customer. Then, too, there is much need for us doctors to study our Materia Medica more—we should review U. S. Pharmacopia and the National Formulary and refresh our knowledge of the contents of these great works on ethical preparations.

"In conclusion, I am of the opinion that the druggist and doctor are both guilty of errors of omission and commission, and if conditions are ever corrected it will be done by mutual co-operation of physician and pharmacist."

Dr. Townsend said: "I wish to congratulate the writer of the paper and concur with him in the facts presented.

"It is true that the very closest

and best relationship should exist between the physician and the pharmacist. Each may be of invaluable service to the other. Too much emphasis cannot be placed on careful and competent training among pharmacists as well as the relationship that should exist between them and the physician. The skillful preparation and careful dispensing of drugs relieve the physician of much responsibility, time and expense.

"I wish to mention one point only, not brought out in the paper. One of the greatest troubles I have with pharmacists is 'substitution.' Some pharmacists will not fill a prescription just as the doctor prescribes, but he dispenses some article he has on hand 'just as good.'

"To these, unfortunately and too frequently, pharmacy as a profession, is the least concern, and with them the immediate profits of 'substitution' outweigh all other considerations.

"Firmly do I believe that the failure on the part of the physician to get the results expected in the treatment of many of his cases, is due to the fact that the pharmacist has not given him what he has prescribed.

"Too often the physician fails to familiarize himself with the drug and is unable to detect the 'substitution.' But he should be keenly sensible of the fact that the greater share of public confidence is reposed in him, and that confidence in the efficacy of drugs must be inspired in the minds of his patients through his accurate knowledge and use of them.

"He should, therefore, by careful observation and diligent study of drugs, endeavor to command the minutiae of Pharmacology, preventing himself from becoming the victim of 'substitution.'"

THE RELATION OF THE PHYSICIAN TO THE PHARMACIST

By A. V. GRAY, Phar. D., Washington, D. C.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 24, 1909

Mr. President, Members of the National Medical Association, Ladies and Gentlemen:

In presenting this subject to you, I realize that it is one that has been much discussed and will continue to be so long as there are those in both professions who violate the well-established code of ethics pertaining to each. I do not, therefore, even attempt a solution of the problem, but merely bring to your attention some experiences and observations in the hope that their discussion will enable physician and pharmacist to come into closer and more sympathetic relations, thus not only mutually benefiting themselves, but the patient as well.

The physician or pharmacist who pursues his profession without a deep sense of duty to the public welfare misinterprets his calling, if, indeed, he be worthy of entering its sacred

ranks. Altruism, not selfishness, must be the dominating motive of both professions. The desire to serve suffering humanity must overshadow personal comfort; ofttimes it must disregard personal gain. In this public service the work of the two professions is so closely akin and so interdependent that physician and pharmacist should form a closer alliance to be kept inviolate "until death do us part," for only by the united and intelligent efforts of each can satisfactory results be insured. When a prescription leaves the hands of the doctor, he expects it to fall into the hands of a competent and conscientious druggist. There is no check on the work of the pharmacist, and if he happens to be inefficient or unprincipled, the physician's skill and knowledge may go for naught. It is no reflection upon the doctor to say that occupied with the graver problems of diagnosis and treatment, he occasionally misjudges the solubilities and chemical relations to the ingredients of his prescription. Therapeutic agents beneficial in themselves are frequently deleterious when combined and it is for the pharmacist to exercise care, discrimination and accuracy in interpreting the therapeutic intent of the physician. Every prescription received must be filled with due regard not only for the reputation of the physician and pharmacist, but for the safety and welfare of the patient. How inseparable the two professions are is illustrated in the fact that when you think of the physician you think of the prescription and when you think of the prescription you think of the pharmacist. Such is the ideal condition, but unfortunately, not always to be met with today. What conditions obtain? Each of the professions has its grievances. That the physician has much to bear, that he has been patient and long-suffering we will not question

When the pharmacist is brought into discussion two criticisms are usually laid at his door: Substitution and Counter-prescribing. As to the first, candor compels the admission that, unfortunately, we have some in our profession who do make a practice of substitution; but they are the exception rather than the rule. There is an overwhelming majority of conscientious pharmacists who have never bowed the knee to Baal, though often sorely tried. Just imagine yourself a pharmacist required to fill a prescription such as this: Cascara sagranda (X's) oz. i. You no doubt have at least two standard makes on your shelves, but may not use either. Another: Sodium salicylatis (Y's). We have actually had a quarter-grain calomel and soda tablet specified as to manufacturer. We ask you, would you not be tempted to use X and Co.s' in the absence of Y's, should the latter be specified? In spite of such hardships, there are those of us who spend much time and labor to get the precise article and sometimes failing, call up the physician who, in response to our inquiry. replies: "Oh, well, use any make you have." It is very discouraging to have a prescription come in calling for a pro-

prietary preparation, the identical formula for which you can find on your shelves in three or four different makes; and yet because the particular one prescribed is not there, you must put your patient to the trouble of waiting and cause both him and yourself extra expense and trouble to get an article, which, as to formula, dose and therapy, is identical with something already on hand. This tendency on the part of physicians to specify has doubtless been a strong incentive for druggists to substitute. As I write I see on my shelves five proprietary sedatives, each containing practically the same ingredients, and all at different times prescribed by one physician for a single patient. The mere matter of saving of expense to the patient should be sufficient to deter the physician from unnecessarily specifying, even though the matter of reduced profits to the pharmacist be not considered.

Under modern methods of prescription writing much of the well-quipped pharmacist's skill finds little opportunity for exercise, for most of the prescriptions which reach him may be filled by pouring the contents of one bottle into another; unless the suspicious doctor requests "original bottle." This brings me to the thought that the practice of specifying proprietaries causes loss, not only to the patient, but to the physician as well, loss of patients and money also. To illustrate: Manufacturers sieze every opportunity to advertise their wares themselves and to that end cause their firm name and products to be blown into the bottle. They even go so far as to print on a cap over the bottle: "Don't accept this if label is broken." The patient sees the name of the preparation and when he wants treatment again, instead of consulting the doctor, goes back to the druggist and asks for so and so, hoping thus to get the medicine cheaper and avoid a physician's fee. Likewise her neighbor, with a complaint similar to hers, is urged to try it, and she, in turn, comes and asks for a bottle of such and such "like Mrs. X got." What is the druggist to do but pass it over the counter, for did not the physician tell her what it was, by his original bottle demand?

Manufacturers urge that retail druggists have not the facilities for making the standard U. S. P. or N. F. preparations, but any up-to date pharmacist will gladly welcome the physician into his laboratory where he will show you emulsions, elixirs and other pharmacopoeial preparations equal to anything to be found on the market. We ask you to have as much confidence in us whom you have seen as in some one whom you have not seen. The existing Pure Food and Drug law is the nation's protest and protection against mislabeled, adulterated and deleterious articles put on the maket by unscrupulous manufacturers. This law in itself removes, to a large extent, the necessity of specifying, for the unscrupulous manufacturers no longer imposes his wares on the unsuspecting public, and only well known, trustworthy houses enjoy the confidence

and patronage of discriminating druggists. I do not wish to be understood as deprecating the specifying those preparations of known composition by houses whose long-established reputation for skill and reliability entitles them to preference, but for the indiscriminate prescribing of proprietary preparations of unknown composition can scarcely be defended either as being more efficient than standard U. S. P. or N. F. preparations compounded by the present-day druggist, or as being regardful for the pecuniary limitations of the defenseless patient.

The second indictment against the pharmacist is Counter-prescribing. Much of this is doubtless due to a custom handed down from generation to generation. People regard the druggist as a bureau of information on every subject under the sun. This counter-prescribing is a mooted question. Just where it should begin and where it should end is not yet settled. There is no use talking about sending a patient to the doctor for relief from a headache. You may send him but he goes only as far as the next druggist. So with cough remedies and the like, where relief is asked for a specified ailment. There is, however, no defense for the druggist who attempts, by inquiries, pulse, and temperature, to diagnose disease. This is the exclusive realm of the physician, and the conscientious pharmacist would as soon take an unknown chemical and mix it for dispensing with another ingredient as to attempt to treat a patient, about whose ailment, system and history he knows nothing. In such cases it is our pleasure to direct the inquirer to a physician. Imagine our feeling, however, to learn on again seeing the customer and asking how she is getting along, and if she saw the doctor: "Yes, indeed, I went, and I want to thank you so much for sending me. He certainly did me good." Imagining my wonder as to why she did not repay my kindness by bringing the prescription to me, she volunteers the statement: "The doctor just gave me a bottle of medicine he had and a few tablets and told me when they were out to come back." Here, indeed is opportunity for a better, a closer, and a more satisfactory relationship between our two professions: Let each confine to the limits of his own profession and mutually aid the other as being necessary to his own success.

One source of annoyance in the routine life of a pharmacist is the pricing of prescriptions by the physician. Druggists are frequently embarrassed on filling a prescription, and naming its price to have the customer complain: "Why, Dr. X. told me it would cost only so much," when, in fact, the price named by the doctor would scarely cover the cost to the druggist. The physician has about as much right to price a prescription as the pharmacist has to suggest to a customer a fee for a prospective operation. The mere suggestion of this fact will, I believe, convey to every fair-minded physician the injustice of placing a limit upon a pharmacist's skill and reputation which are as much a part of his pro-

fessional service as the medicine which he dispenses upon the written order of the physician.

Reciprocity of good-will and a desire to promote the success of those engaged in the kindred professions of medicine and pharmacy is a gratifying fact. Occasionally, however, druggists complain that physicians comment unfavorably upon the appearance of a prescription, or by look or otherwise, express dissatisfaction with the medicine—in the presence of the patient or the family. Where such a breach of professional ethics occurs, it is, I am confident, due to thoughtless impulse rather than to a desire to injure the reputation of the druggist. Errors in prescription writing constantly come to the notice of the pharmacist, but in such cases every art and subterfuge is employed to keep the knowledge of such errors or omissions from the patient.

The above are but a few of the many ways in which the relationship between physician and pharmacist can be cemented. Co-workers in the warfare against disease and suffering, every gun should be turned against the common enemy. Differences of opinion are bound to arise, and errors occur in the best regulated families. But there can be, I am sure, no situation so grave, and no provocation so great, that conference and a fuller understanding may not restore the best of feeling without sacrifice of professional standing or self-respect.

Before closing this paper I desire, Mr. President, to express my own pleasure in being a member of the pharmaceutical profession, and so closely allied to the dental and medical professions. To me the relation has been not only pleasant but profitable, in that I have gained a broader and deeper idea of the meaning of life—its possibilities and responsibilities. It has convinced me that the profession of pharmacy adds another link in that chain of human service in which woman has excelled since the foundation of the world, and in this field there awaits for those who will enter it infinite opportunity for the exercise of those God-given traits of patience, of care, of exactness, of neatness, and of artistic sense, that have characterized her in whatever field she has labored.

DISCUSSION ON DR. A. V. GRAY'S PAPER

Dr. W. C. Gordon of Springfield, Ohio, said: "The physician is led to dispense not so much by fear that the druggist will substitute, this being a mere subterfuge, as by a desire for profit, and a result of environment. No matter how ethical a physician may be, if chance throws him in a community where every other physician dispenses he will dispense also. After all, is the evil as great as painted? Is not the picture one of many sides? What we strive for is results and who shall say it is ethical or non-ethical if we extend a hand to suffering humanity?"

Dr. W. G. Alexander considered the paper to be very impartial in its treatment, condemning both the faults of the physician and the pharmacist; he was glad to note that the

attitude of those commenting on the paper had so much changed from last year, when every one seemed to blame the pharmacist for all the evils of substitution, counter-prescribing and such. It argued well that the physician at last realized that some of the faults were his. He felt that a great deal of the trouble was due to the fact that physicians were either careless or lazy in sending patients to the druggist for certain-named preparations; for when the patient wanted it again she would go direct to the druggist without consulting the physician; she would also send her friends for it. As for substitution, this was frequently occasioned by the demand of the physician for a percentage; the druggist to sustain his profit would give a cheaper article.

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Dr. F. S. Hargrave said: "Mr. President, Members of the Medical Association: I have been well pleased with the paper just read by Dr. Gray. Especially do I commend the essayist on her broad and conservative views encouched in this paper. This is a very perplexing question, it comes up before this association every year to be aired and yet we are in doubt just how far a physician should go in dispensing drugs when surrounded by qualified pharmacists, or just how far the pharmacist should go counter-prescribing before encroaching upon the right and privileges of the physician. The pharmacist and the physician should be friends and should work together harmoniously for the one common cause. We as physicians, whenever we find in our race true, upright, conscientious pharmacists, then we should stick to them and aid them in building up a legitimate business. I say this because it is charged that we do not always find these qualities in our brother across the counter. I have had some experience in the drug business and am a general practitioner of medicine in the light of the practical experience as druggist and physician. I feel that there is an amicable middle ground upon which both can meet for mutual co-operation and helpfulness."

ALVEOLAR ABSCESS

By T. W. ROBINSON, D. D. S., Jersey City, N. J.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 25, 1909

Mr. President and Members of the Convention: The subject I present for your consideration at this meeting is one with which, as dentists, you are thoroughly familiar. I selected it, not with the idea of being able to enlighten you on any of its phases, but rather in the hope that, from the discussion that is to follow, I may be able to gain some knowledge concerning it.

There is no disease of the Oral Cavity, except Pyorrhea Alveolaris, which confronts us more frequently than does Alveolar Abscess; and I confess, that I am often at a loss as

to the best method for combatting this condition.

Alveolar Abscess is the accumulation of pus in the Alveolar process, the pus sac being formed at the apex of the root of the affected tooth.

ETIOLOGY—The chief cause of Alveolar Abscess is the exudation of putrescent pulp matter through the apical foramen of the root of the tooth, which, coming in contact with the peridental membrane, produces perricementitis, followed by suppuration. It is very rare that an Alveolar Abscess occurs from any other cause. I know of only one case in the history of my twenty-two years' practice where it has. Several years ago I had occasion to have the left superior first bicuspid extracted. The dentist broke it off, and after several attempts to get the roots, using root forceps, screws, elevators, etc., gave it up. About a week later I began to feel a slight soreness in the left superior cuspid, which gradually extended to the adjoining lateral. Both teeth being in a perfectly healthy condition, I was at a loss to understand what the trouble was, and supposed I was developing an abscess of the antrum, as all the symptoms of a forming abscess were present. A few days subsequent to this I found myself with a pronounced Alveolar Abscess over the left superior lateral, with all the excruciating symptoms, local and systemic. I thereupon had the abscess lanced, and the tooth extracted, which I found to be in a healthy condition and the pulp normal. After the operation there continued a pain of an intermittent character, with a constant discharge of pus, which lasted about three weeks, when, one day, I felt something movable in the gum from which the tooth had been removed. I opened the gum, and found two roots of the bicuspid, which, in some inexplicable manner, had worked through the process, over or around the root of the cuspid, forming an abscess over the lateral. After the removal of the roots, and the usual treatment of the socket, the symptoms disappeared, and the tissues soon assumed their normal condition, the cause of the trouble having been removed.

Alveolar Abscess is first indicated by pain of a constant character, which is afterward aggravated at each pulsation, then swelling about the roots of the affected tooth. The characteristic pain is deep-seated and throbbing, and with the swelling denotes the formation of pus. The constitutional symptoms are, foul tongue, offensive breath, thirst, headache, and fever—these are the most prominent symptoms of acute Alveolar Abscess. I shall not touch on the chronic form.

TREATMENT—The treatments for this condition are legions, all of them represented as positive cures. I have tried many of them, with unsatisfactory results. I claim that an Alveolar Abscess, if taken in time, i. e., before suppuration has gained much headway, can be aborted, and the tooth restored to a healthy condition, aside from the loss of pulp. I claim, also, that a tooth that has once been abscessed

can never be restored to a healthy condition, and that only a temporary cure can be effected, which in time will develop a chronic condition; and this, if not checked by the removal of the affected tooth, and proper treatment, will result in necrosis of the maxilla.

I will give you my treatment for aborting an Alveolar Abscess. I have used it for a number of years with much success. It is as follows: Scarify the gum freely along the root of the tooth; wash out thoroughly with a 3 per cent. solution of Hydrogen Peroxide; then with a 5 per cent. solution of Hydronapthol; after which, protect the tooth with rubber dam or cotton rolls, and open up and clean the pulp canal with the same solutions, and seal in a gutta percha point dipped in Phenolis, and prescribe for the patient the following mouth wash:

Hydronaptholis,	Gr. XVI
Alcoholis	
Aqua Pura aa-M	1 oz.

Sig.—15 drops in water every 4 hours.

Have patient return in 48 hours; apply rubber dam; enlarge the root canal; fill with Oxpara, and restore the contour of the tooth by any method decided upon.

Treatment of Abscess—As a rule, 90 per cent. of patients will not apply for treatment until the abscess is in an advanced stage, after they have been suffering the most excruciating torture for weeks, spending sleepless nights, and their nervous system wrecked; and they expect immediate relief, which, of course, is impossible. The tooth is so sore that it cannot be touched, and the face swollen; and in many cases it is impossible to open the mouth sufficiently to make an examination. You ask them why they did not consult a dentist before, and the answer invariably is, "I was afraid." In such extreme cases I never hesitate to lance, and in many cases where my judgment warrants it, extract the offending tooth at once, proceeding afterward with the usual treatment, viz.: antiseptics, etc.

THE OPPORTUNITIES IN SPECIALIZATION

By ANNA R. COOPER, M. D., Chicago, Ill.

BEFORE THE NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 25, 1909

The doctor has been from time immemorial, a necessity of society. The avocation is so respected and dignified, that next to the ministry of the gospel, the ministry of medicine holds rank among the learned professions. In the twofold capacity, of physician and surgeon, they are called upon to act under greatly diversed circumstances. There is no profession, trade, or other occupation, which requires so great versatility, or so many ranges of activity. The dexterity and mechanical genius required in amputating a limb, or extirpating a malig-

nant growth, have no more in common with the judgment to be exercised in diagnosing and treating a fever, or a cholera, or with the knowledge of the subtle and mysterious influences that may act upon the mind that must be had when dealing with the insane (except that all of these conditions appear in the human race) than the watchmaker's trade is like the art of photography, or the science of astronomy.

The time has been, and as late as the early part of the nineteenth century, when it was quite possible for a man to put himself in possession of about all the knowledge there was obtainable in the department of literature, art and science. The thoroughly educated person was supposed to be familiar with all subjects of general learning, including much technical knowledge besides, in those days it was practically possible for a professional man, by the time he had reached middle life, to have read and mastered all the literature extant in his special field, and to have studied much besides. The physician knew some law and theology, and in the absence of the divine, in emergencies, performed the baptismal rite. The course of technical schools of fifty years ago were as short proportionally as those of the literary institutions of the same time, and for the same reason. Doctors were soon made and sent forth to administer in their mercies to all the ills that souls were heir to. In those days microbes, bacilli, micrococci and many other forms of invisible life, were knawing at the vitals of man, as now.

But that was before science had discovered even so small a mite in space as the planet, Neptune. In the light of the researches that have been made during the last generation and with the phys cian's horizon extending to an almost incredible distance, we wonder how physicians of previous generations could have considered that they had any definite knowledge at all of diseased states.

To be slightly prophetic, may it not transpire fifty years hence, that we, in comparison with the statues of the knowledge that will have then been obtained, will appear to have been as ill-prepared to practice our respective pursuits, as the men of the past appear to have been when viewed in the light that has thus far dawned?

It is quite likely that the past will ever appear to blend into an imperfect and unfinished epoch. It is not my intention to map the broad domain that is open to the student of medical sciences. I shall assume that a comprehensive view of its extent is already before your minds. But it is my purpose to undertake to indicate some of the distinct lines of travel that can be pursued with pleasure and profit. I may also endeavor to point out the direction in which the more bold may beat new paths and locate new centers of special activity.

There is an opinion prevalent that the medical profession is overcrowded. Some statistician has figured out that there are in this coun-

try twenty thousand more physicians than there is a living for.

This statement we will concede as being true, although the number is very largely exaggerated; admitting it to be true, it is not a sufficient reason for deterring any energetic young person who has adaquate preliminary qualifications, from taking up medicine as a profession.

If a large number of the members of any learned profession should suddenly withdraw from activity, they would hardly be missed; to be a doctor has implied, heretofore, the being of one who has especial and expert skill sufficient for the successful treating of all the accidental, acquired, and natural ailments that can impair health.

The rapidity now is toward specialization.

The magnitude of the subject makes it impossible for one to compass it; much less to become technically familiar with its details. The demands of the laity are so exacting and so difficult to meet, that nothing but consumate skill will satisfy them.

In specialization now lies the opportunity of the surgeon, the physician, the pathologist, the sanitarian, and dentist. The words that have heretofore appeared on the doctor's sign board, "Physician and Surgeon," must be separated. The duties of a surgeon are becoming so great that he will be able to give no attention to medical disease; and the demand upon the physician prevents him from acquiring the skill that the modern surgeon must possess in order to make himself a peer among his competitors. The subjects to which each physician or surgeon will apply himself, will become fewer. Surgery is already broken up into a number of special pursuits. Among these may be mentioned the surgical treatment of the organs of the special senses of sight and hearing. Diseases of the eye and ear are usually grouped and studied together, but the most expert operator upon either pair of organs, are exclusively Occulist and Aurists. These two specialties are becoming more and more appreciated and patronized by the people, and are not by any means overcrowded. They afford ample opportunity for the aspiring specialist. The surgical diseases of the abdominal organs furnish most abundant opportunity for the specialist to exercise his highest attainable skill. Successful operations are made daily upon these organs, under the hand of modern surgeons. Two things have made these performances possible. One is the special skill that has been acquired by the operators, which they could have acquired in no other way than by persistence along one line; the other is the knowledge of bacteria whose existence would never have been known except through the untiring expert or specialist in a separate and distinct field of research. These illustrations are instanced to show that it is possible for one to become a surgeon and not be included in the list of twenty thousand who are not worth their living. No command on the field of battle ever won a more glori-

ous victory than is possible to win in the realm of surgery.

Dentistry has long since become a separate study and profession.

I know one doctor whose specialty is the surgical disease of the feet, and he seems to be well and profitably employed. He husks the corns when they are ripe; straightens crooked toes; repairs club-feet; cures chilblains: corrects malformations due to the shoemakers' cobbling art; and has well won the title of chiropodist.

Diseases of joints is a sufficient subject for any surgeon's special study. I have one surgeon in mind who has specialized so far as to give his attention to no other part than the knee. So far as the operations in surgery are concerned, ingenuity and mechanical skill are paramount requirements. No person who lacks in mechanical genius will ever attain distinction as an operating surgeon. But the man or woman who professes or can acquire that quality that is commonly called, "nerve," and who is a natural mechanic, can, with a reasonable amount of training, attain dexterity with knives, forceps, needles and sutures.

When labor is to be divided and specialized, the laborers must be selected and specialized also. While there is a career before the aspiring specialist in some one or another of the departments of medicine; I once heard a man say, who knew much about surgeons, if he were to have a major operation performed upon his person that he would wish to have it done by Dr. A, but he would desire the opinion of Dr. B, as to the advisability of the operation, and to have him mark the line the knife should follow. That is to say, Dr. A was an expert operator, and Dr. B an expert diagnostician. The opinions of able diagnosticians are often sought for and at as good fees as operators who are conscious of their own falibility in making diagnosis. There is a kind of middle ground between surgery and medicine. It is where the physician and surgeon meet for exchange of opinions and services, as their two arts are practiced now, as the place of meeting is often within the doctor's own self; for according to the letters on the window they are half physician and half surgeon. The surgical half requires of the medical half what his opinion is in regard to a condition that may result from such or such an operation, and the physician half invites the surgical half to remove an excrescence or to probe or open a cavity.

Let us look through a few of the many avenues that are open and inviting to a life's journey as many as are prepared to travel through them. There are a great many of them incident to childhood and adolescence. The study of children has been called the most engaging and the most perplexing problem of life. He who can successfully handle children is an artist, and he who can with gentleness and success help them through their struggles with measles, scarlet fever, cholera infantum, croup and colic, transcends art. The contagious diseases of childhood form an interesting group; the diseases of childhood, medical and surgical, not

contagious, form two other groups; any one of them well worthy of a life's devotion.

The treatment of little children requires a special shrewdness upon the part of the doctor. There are many obstacles in the way of determining the location and degree of their ailments. Very young children cannot talk, older ones are too fickle and too much lacking in judgment to be able to give any subjective symptoms or sensations. The doctor who acquires skill with them is one whose mental gaze can penetrate a millstone. There is a kind of intuition dwelling within some people that seems to mark them as being especially called of Providence to handle children. He who has this especial gift has a trust, which, if he husbands it, will make him a boon to humanity; and it will bring a blessing to himself.

Turning from diseases peculiar to early life, let us note nervous affections. The time will come when the physician who has a special skill in interpreting nervous symptoms, and who can follow them as finger boards along a line of treatment, will be much sought for in council by his confreres, and for his cures by the laity.

Let us now consider the man who is a confirmed dyspeptic; you can see the wrinkle in his stomach reflected in his face. Every motion of his body tells you that he has indigestion. The intonation of his voice echoes the named word. He abstains from tea and coffee. He has taken pepsin, pancreatin, ferments, bread without flour, raw meat, hot water, tonics, cathartics, bismuth, charcoal, strychnine, nux vomica, arsenic, massage, been from doctor to doctor, and now his only hope is that some one will learn at least the alphabet of the language in which his digestive organs speak, and so enable someone else, in another generation, to read what may prevent history from repeating itself in the stomach of his posterity. Diseases of the respiratory organs present phenomena peculiar to their structure and junction. They are selected by many, for special study. There is abundant employment for the highest proficiency that the specialist can attain.

The majority of the physicians are not today as exclusive in their practice as they must be in time to come. However, the young men and women just entering upon professional life will be watching their opportunities in the line of specialists.

Let us now turn from pure medicine and surgery and note what openings there are in some of the kindred and related sciences for professional careers. There is a border territory skirting the field of medicine on either side, known as sanitary science. It has more to do with prevention than with cure of disease. The time is not far distant when the opinion of the professional sanitarian will be in demand. He will eventually be regarded a necessity in every neighborhood. The doctors of the future will make fewer prescriptions of medicine, but more of sense. They will tell people how to avoid

disease, how to eat, how to sleep, how to breathe, how to dress, how to cure children, how to go about this work in a healthful manner. If they become ill, how to prevent infecting their friends and neighbors. Unless the doctor "delivers some goods," the patient thinks his services are gratis, so he orders some hygiene for the cure and medicine for the pay. The board of health, as time advances, state and municipal, will become more prominent as conservators of the public health, and assistants of experts; to know how and where to look for the lurking places of diseases, how food stuffs should be handled and prepared, how cities, towns, farms, premises, dwellings, public halls, and school buildings should be located and constructed, and kept free from germ growth. Sanitation should enter very largely into practical architecture, and in a manner, link it to medicine. Pathology is the key to understanding of disease process and in a great measure indicates the method of treatment. The microscope is the gateway to another world. It has made known to us the true character of the commonest and deadliest diseases, and put us on our guard against their approach. The services of the microscopist are in daily demand. Thus, making microscopy a charming specialty.

There is one collateral science of which I desire to speak, and that is chemistry. Every physician is supposed to be an amateur chemist, and unless he makes a special study of it he can never hope to be more than an amatuer. They will at various times have tests and analyses to be made which they will refer to a professional chemist. Expert chemists who have prepared themselves with special reference to the medical science are in demand.

Pharmacy which depends so largely on chemistry, has become established as a distinct profession. It illustrates how sooner or later other lines of special work will become distinct from the general profession, and that there will be separate schools for preparing men and women to follow them. It has not been many years since the services of the professional dentist have been appreciated by the people, and in the time their work has been so improved and extended that a prominent writer upon dental surgery says: "From what was called dentistry there have very naturally and almost without an effort been evolved two widely different occupations, termed properly, operative dentistry or dental surgery, and mechanical dentistry."

It is impossible to tell to what extent schools will be specialized. It seems quite likely that eventually the method of study for the specialist will be the taking of a preliminary course in a school that will well ground him in the general principles of medicine and surgery.

When we review the advances made during the past forty years in medical pursuits, it does not seem impossible that within the same length of time to come, many of the events that are now casting their shadows will have come to pass. If they do not come as I have conjectures, there will certainly be some supply for the growing demand for trained and efficient specialists.

REPORT OF AN ACCIDENT TO A FIFTY-YEAR-OLD COLORED WOMAN WITH EXTENSIVE INJURY TO THE ABDOMINAL WALL EVISCERATING ALL OF THE SMALL INTESTINES, BADLY SOILING, AND REMAINING OUT ONE HOUR AND A HALF—RECOVERY

By ROBT. T. BURT, M. D.

PHYSICIAN IN CHARGE HOME INFIRMARY
CLARKSVILLE, TENNESSEE

The subject of this report is Maria Polk, age 55, farm hand of very poor circumstances. On Wednesday morning, September 22, 1909, at 7 o'clock, I was called hurriedly to 21 Vine Street, which was fully a mile away. I arrived at the house at 7:20, found, in a very humble hut, a woman lying upon soiled bedding in a very dark room, with all of the small intestines out upon her lap being held by her soiled hands; also were the intestines badly soiled with sand, cinders and grass seed.

I was informed by the excited family that she was gored by a vicious cow at 6 o'clock over at a neighbor's house, which was fully a mile away, and that she had walked home, carrying her intestines in her arms, which had been eviscerated through an eight-inch rip of the abdominal wall. As soon as I arrived, I covered them with towels wrung out of hot water, until I could prepare a solution with which I washed them as best I could under the circumstances, after which they were carefully replaced—in the meantime calling assistants; we were not long getting her under an anesthetic and repairing the wound.

For 48 hours we entertained great fears for her safety, first, from the shock, the result of the intestines remaining out so long; secondly, from general peritonitis, for one could hardly imagine conditions more unfavorable for aseptic surgery in this instance, and that the intestines had been out one hour and a half, complicated the recovery very markedly. Notwithstanding all of this, her temperature never went higher than 102, her respiration 28 and circulation 90, and the third day all went down to normal, from which time she continued to improve; and her recovery was uneventfully speedy and permanent.

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EDITORIAL STAFF—C. V. Roman, M. D., Nashville, Tenn., Editor-in-Chief; J. A. Kenney, M. D., Tuskegee Institute, Ala., Associate Editor and Business Manager; W. G. Alexander, M. D., Orange, N. J., Associate Editor; W. S. Lofton, D. D. S., Washington, D. C., Dental Editor; Amanda V. Gray, Phar. D., Washington, D. C., Pharmaceutical Editor.

THIS cut represents the official emblem button of our organization, made in rolled plate quality hard enameled with blue background; price seventy-five cents each. After a great deal of hard labor on the part of the Button Committee these buttons have been secured by the Association and each member is requested to purchase one. They may be procured from the General Secretary on receipt of price.

BOSTON MEETING

In many respects the Boston Meeting was the best in our history. The local men deserve very much credit for their efforts to make the meeting a success. They deserve credit also for the efforts at harmony which were successful beyond what was portended by preliminary clouds. The banquet was a very enjoyable affair—elaborate, elegant and creditable from every standpoint. Boston has set a standard.

The small attendance of the Eastern men caused comment.

That the hospital rules prevented our men from operating was regrettable—still more regrettable that a knowledge of this rule was not possessed earlier by the chairman of the surgical section. We are nevertheless very grateful to the authorities of the City Hospital for courtesies shown the Association.

The continued growth of the Association demands the elimination of politics from the presidential election, especially that vicious form of politics which engenders local strife. It began with the first election of a local man president and has grown in intensity ever since. Let us hope the spell is broken since a man from a different state was elected at Boston.

Let us hope that a doctor's religion or political beliefs will never again be mentioned in our meetings.

Washington is a pleasant anticipation as Boston is a glorious memory.

The Editor-in-Chief desires very much to express his gratitude and that of his traveling companions for the courtesies shown them en route. At Chattanooga, Drs. Allen, Mason, Simms, Welker and Clemmons gave us a cheery bon voyage. In Atlanta Drs. Palmer and Sterrs treated us royally. In New York Drs. Johnson and Trimble extended Metropolitan hospitality. In Philadelphia Dr. J. Q. McDougall did graciously the honors.

Untrained minds cannot appreciate contingencies. The practice of medicine is pre-eminently the art of

meeting contingencies. Hence the importance of a thorough preliminary education for those who would become medical men. Hence, also, the large number who so inconsiderately pass unjust judgments upon doctors. It is all a matter of intellection.

The dust from a passing vehicle troubles those behind most.—An auto smells bad from the rear. So with life. Many of our woes, professional and otherwise, come upon us because we are behind the times.

THE MOUTH

Whether viewed from the standpoint of the anatomist or the physiologist, the pathologist or the hygienist, the dentist or the vocalist, the diplomat or the moralist, the artist or the lover, the grocer or the pugilist – from almost any viewpoint—the mouth is a very important organ and should receive the careful attention of the physician. Many a serious disease has been caused by germs harbored in the mouth. Proper oral hygiene may be the final arbiter between life and death in continued fevers. Habitual and regular cleansing of the mouth and throat with a simple alkaline wash on going to bed and on rising will not only preserve the teeth and sweeten the breath, but is a valuable prophylactic against respiratory diseases and a powerful adjuvant in the treatment of digestive disturbances and nasal catarrh.

Liq. Antisep. Alk. (N. F.) diluted with equal quantities of warm water is as good as anything.

SOLIDARITY

A fable I read when a boy holds a valuable lesson today.

An old man on his death-bed wished to impress upon his sons the value of united action. Calling them around him he handed them each in turn a bundle of very small sticks which were, however, carefully wrapped together by a cord wound around and around them. He asked them to break the sticks as they were. None of them could do it, notwithstanding their youth and strength.

The old man then cut the cord and as feeble as he was, he easily broke the sticks one by one. Whereupon he preached them a sermon they never forgot, showing them that if they were bound together by the cords of brotherly love, common interest and mutual respect, they were impregnable to any assault from without, even by the strongest; but scattered, dismembered, and mayhap struggling against each other, they might fall a prey to the attacks of even the weakest of their enemies.

Medicine has been regarded as a brotherhood from the earliest times. the disintegrating influences of modern commercialism, and individual ambition, and personal interest are rapidly tending to obscure this ancient landmark. Indeed, I fear some members of the profession have never seen it.

If our men can ever be brought to see the value and meaning of solidarity when recognized and intelli-

gently utilized, the colored professional man's enraptured vision will behold a new heaven and a new earth; for he will have discovered wisdom—that wonderful medicine that will cure every ill that flesh is heir to—mental, physical, moral, social, racial, —all.

Solidarity was born in the French Commune—that social earthquake of the 18th century—and means a fellowship in gain and loss, honor and dishonor.

Race prejudice in this country has fixed the solidarity of the Afro-American—the only question is, will we have sense enough to utilize it to our advantage?

AN IMPENDING CRISES

Ethnography, Ethnogeny, Ethnology, Ethography, Ethology and Ethno-psychology are cognate medical studies, and their discussion not only interests, but affects the medical profession. A knowledge of these subjects is necessary for the physician who would understand his profession fully, and maintain his proper socio-economic position.

"Know thyself," wrote the Grecian philosopher of old.

"The proper study of mankind is man," echoed the English poet a thousand years later.

In every age and in every clime, man and his relation to man have formed the themes for the highest manifestations of intellectuality. Art, literature, philosophy, statesmanship, yea, civilization itself, are but phases of these wonderful themes. Thus, biography is one of the most entrancing subjects and ethnology is an open sesame to public notice.

These fundamental truths apply with peculiar cogency to the colored medical men today, when the persistent agitation of the race question is slowly, but surely, undermining the foundations of our success.

Current literature fairly teems with the discussions of the Negro question; and commercial exploitation, or political advantage, or personal notoriety is the usual actuating motive. As a consequence few of these articles exhibit that careful regard for accuracy or philosophical poise that should characterize profitable ethnological study. In fact, they seem arguments to establish preconceived notions, rather than inquiries after the truth. Spectacular rhetoric, rather than sound conclusion seems to be their goal.

Two illustrations will suffice: In Hampton's Magazine for October, under the startling title, "Exit The Black Man," Judge Harris Dickson, author of the "Unknowable Negro," "The Negro in Politics," etc., wraps himself in the robes of ethnological prescience and foretells the physical doom of the black man in America.

The opening paragraph is typical of the whole article, and of these articles generally. The dogmatic assertion, the lurid rhetoric, the startling conclusions, the abuse of the Negro, the adcaptandum vulgus ap-

peal, and the denunciation of those venturing any opposite opinion—all —are here.

"Forty years ago the Negro was the healthiest man in America. To-day he is the weakest, most predisposed to disease, the man with the least resistive power. Heredity and the white man's regulations made him what he was in '65; heredity and the Negro mode of life makes him what he is today. The causes stand out like sign-boards, so plain that a voluntary ignorance alone can refuse to comprehend."

The entire article is a splendid illustration of an ingenious method of reasoning so often employed by lawyers to carry their point—special pleading—taking a part of the facts and representing them as all the facts.

Indeed, the Judge is himself an apt illustration of what he so euphemistically calls, "voluntary ignorance."

It is doubtful if either one of the four sentences of this remarkable paragraph is true. I know of no way to test accurately the truthfulness of the first two sentences and will simply enter a demurrer and pass on to the third which happily can be tested historically and philosophically.

The blackest chapters in the long, dark story of "Man's Inhumanity to Man" are the American chattel slavery laws of the eighteenth and nineteenth centuries. A Southern man, either black or white, who would drag forth from the limbo of the past the "white man's regulations" of slavery days, must be strangely lacking in patriotism or full of "voluntary ignorance." All who wish may examine these melancholy monuments to man's all too successful efforts to make his brother mourn. You will see there upon what kind of foundation rests the judge's declaration about slavery promoting "stricter observance of family ties" and understand why he throws a sop to the cerebrus of justice by exclaiming, "This is not intended to defend or idealize slavery." To keep the white man from shame and the black man from bitterness, let us all keep our faces to the morning and forget the regulations of those "agonizing, cruel slavery days."

The Negro's physical vigor of antebellum days was the gift of nature—the common heritage of her savage children. His survival was due to the merciless and murderous selection of the slave trade across the Atlantic. Only the toughest physically could withstand the rigors of the slave ships and the brutality of the slave-trader. The absence of sickness was due to the well-known fact that the weak did not survive to become sick. Miscarriages precluded invalids, and the graveyard excluded the hospital.

"The march of medical science has steadily decreased the white death-rate, but can do nothing for the Negro, because the Negro will do nothing for himself."

"They mate without ceremony and separate without formality."

The race had no morals to start with and has gained none by its American experience."

"Their teachers are not succeeding in creating a moral sense."

"The result is everywhere the same," etc., etc., etc., are some of the statements which he mixes with statistics to prove the Negro's physical weakness and moral obliquity, and to reach the melancholy but effective solution" that "the American Negro is on a toboggan slide skidding down to death," and will make his grave "beside the Maori, the Hawaiian, and the North American Indian, among the races of men who have perished from the earth."

There are some fundamental errors in this article.

1. Judging the whole race from the lowest stratum, absolutely ignoring the educated and law-abiding.

2. Accepting statistics from cities as applicable to the whole race and accepting statistical forecasts as tests of vitality. The Negro is not the only one who has failed to meet the prognostications of social prophets. What of Malthus and his conclusions? There are three kinds of lies, "plain lies, damn lies, and statistics," so some one has said, and yet statistics are not all against us. They indicate an improvement in the decade from 1890–1900 over that from 1880–1890. There is nothing to indicate that the forthcoming census will show retrogression. The Negroes are still increasing in numbers, notwithstanding all obstacles and the well known social law of a decreasing birth-rate accompanying increasing intellectual and financial growth. Estimating female chastity by statistics of bastardy is an uncertain procedure, since there are no reliable figures of abortions, and foundling asylums do not publish detailed accounts of their business.

3. Unjust comparisons.

None of the vanished races ever became adapted to the whiteman's civilization as has the American Negro. They never built churches, acquired property, founded and maintained schools, produced lawyers, dentists, pharmacists, doctors and trained nurses. The American Negro has done all these things which they neglected. Why should he follow them to extinction? But the Indian is not extinct, but increasing (see note 1.), and the three main causes of the enormous death-rate (see note 3) among Negroes have reached their maximun and are receding.

These causes are:— (a) Unsanitary surroundings, (b) Poverty, (c) Ignorance. They act and re-act upon one another in such way that it is hard to separate them.

The unsanitary conditions of the congested Negro districts (very much like the slum dwellers of other nationalities) are brought about primarily by the poverty and ignorance of the inhabitants, but made almost inevitable by race prejudice, and perpetuated by the rapacity, cruelty, and licentiousness of the ruling classes. A Negro can scarely rent or buy elsewhere.

Poverty is one of the consequences of ignorance. The lamentation of the Hebrew prophet three thousand years ago holds good today: "My people are led into captivity because

they have no knowledge." The difficulty efficient Negroes have in getting and holding paying jobs may be mentioned in extenuation if not in explanation of this poverty. (See note 2.)

Again, poverty and disease will produce ignorance, and of course if the congested slums of great cities, either North or South, were the sole reliance for race perpetuity, race prejudice would undoubtedly fit the warp of ignorance and the woof of disease into the loom of civic oppression in such manner that time would weave the winding-sheet of the Negro race in America. The city-ward movement is a detriment to the race, and must be checked.

4. Regarding frailties that are human and universal as peculiar Negro vices—superstition, for instance. (E. g. Holy Rollers, witchcraft are good illustrations where no Negro is concerned.) So ends the first illustration wherein the Negro is damned because of susceptibility to disease. The second is like unto it.

VAMPIRE OF THE SOUTH

"The Vampire of the South," is the sensational title under which Marion Hamilton Carter discusses Uncinariasis in McClure's Magazine for October, in a manner quite entertaining, if not philosophical. Through a wilderness of coruscating sentences and serpentine logic, he damns the Negro for the diametrically opposite cause—immunity to disease. The Negro is the cause of Uncinariasis in the United States, notwithstanding, it was first seen in Italy, and the first epidemic was among the workmen on St. Gotthard's tunnel where no Negroes were, because forsooth, it does not affect the Negro as badly as it does the white man!

"Negro crimes of violence number dozens where his sanitary sins number tens of thousands," etc.

The open advocacy of segregation or deportation of the Negroes in the United States; the fierce fight for Negro disfranchisement now going on in Maryland, under the very shadow of the Capitol, the same thing taking form in Tennessee, having just succeeded in Georgia; the recent declaration of a Harvard professor that the Northern Negro medical man is a failure; the resolution of a Louisiana Medical Society declaring it a menace to the public welfare to permit Negroes to practice medicine, and the agitation in Mississippi for the enactment of a statute absolutely excluding the Negro from the practice of law, medicine, pharmacy or dentistry, to say nothing of the low growl of the habitual agitators who win public notice and mayhap public office and money, by abusing the Negro, are but "signboards, so plain that a voluntary ignorance alone, can refuse to comprehend" the effect of such writings.

The race question is up to the Medical Profession, and a crises is impending. It is up to the colored medical men.

Are these charges false? We should prove them so and vindicate our people.

Are these charges true? We

should find the remedy and redeem our race.

Where are our hygienists, sanitarians, ethologists, ethnopsychologists?

It is hard to exceed in force and truthfulness these words of Judge Dickson:

"No nation has ever become great, and no individual has ever become strong, except by conquering adverse conditions.

"The qualities of a people, good or ill, count for naught if that people lacks the physical vitality to triumph over death. Vigorous health must always be the powerful weapon in the struggle to survive."

WHAT WILL THE NEGRO DOCTOR DO?

The American Negro is sui-generis. His condition is unique in the history of races. He is now passing through a period of adjustment—racial moving, as it were—from bondage to freedom. The freedman is becoming a free man. Losses always attend moving. As we get settled in the house of freedom we will surround ourselves with more of the virtues and less of the vices of that condition. There are distinctive slave virtues that are not virtues in freedom. All observers see that the Negro is throwing off the former; only those associated with the best of the Negro race, know he is putting on a glorious substitute, the virtues of a free man.

The freedman is becoming in reality a free man.

Medical knowledge alone can conserve us in the hour of this transition. The vital question is—What will the Negro doctor do?

Note 1. "Twenty years ago there were 260,000 Indians in the United States. Today there are 300,000. In ten years the Indian population in Canada has increased by 10,000. The noble red man is not, therefore, becoming extinct as rapidly as the world had been led to believe."—Editorial, Nashville American, Oct. 15, 1909.

Note 2.—One of the actuating motives of the Fireman's strike in Georgia, and the Switchman's strike in Texas was that the jobs paid too well to be held by Negroes. What was implied in Georgia was openly expressed in Texas.

Note 3.—"The death-rate in this city per thousand for colored people in a recent month was less than for white people, and each day there is an improvement in the sanitary conditions even of the lowest type of Negro."—Editorial, Southwestern Christian Advocate, Oct. 14, 1909, New Orleans, La.

ITEMS OF INTEREST—NEWSY AND OTHERWISE

Prosthetics is a branch of therapeutics almost untouched by us. What say our surgeons?

We hope The Journal will become the means of communication between the members who read it.

Those who know Dr. Wheatland will commend his selection for President of the National Medical Association.—Newport Daily News.

Newport was honored yesterday in the election of Dr. Marcus F. Wheatland as President of the National Medical Association.—Newport Herald.

Gonorrhoeal Conditions in Women, by Andrew J. Love, M. D., New York—an excellently written article. Reprint from the Medical Record, April 17, 1909.

Some method must be discovered for diminishing the politics of the presidential election and increasing the attendance at session and stimulating an interest in papers.

After January 1, 1910 the subscription price to The Journal will be $1.00 per year instead of 50 cents. Subscribe now and take advantage of the lower rate.

The claim that uncinariasis is a potent factor in the high tuberculosis death-rate among colored people needs investigation. Can't some of our readers furnish us the facts?

Dr. S. Palmer Lloyd, Superintendent of Charity Hospital at Savannah, Ga., died September 25, 1909, and Dr. J. Walter Williams was elected Superintendent and Surgeon-in-Chief to succeed him.

Dr. W. C. Gordon of Ohio, Vice-president National Medical Association for his state, has been instrumental in securing 18 subscribers for The Journal. Dr. Gordon is to the front in more ways than one.

Investigation seems to have shown that the poisonous effects of tobacco smoking come from carbon monoxide gas and not from nicotine or any other constituent of tobacco. Hence the injury of smoking in closed rooms, etc.

Dr. George C. Hall of Chicago was tendered a complimentary banquet by the citizens of that city just prior to his departure for Boston to attend the National Medical Association of which he is a distinguished and active member.

Manual of Therapeutics (1909), by that old and reliable firm, Parke Davis & Co., is a compliment which every progressive physician will appreciate. It is a worthy vade mecum that I recommend to all Journal readers. It can be had for the asking.

The Executive Board at the meeting of National Medical Association in Boston accepted the resignation of

Dr. W. G. Alexander, the former Business Manager and confirmed the recommendation by Dr. Roman that Dr. J. A. Kenney be make Business Manager.

This is No. IV, Vol. I, of The Journal. Thus ends the first year of publication. The editors wish a plenteous Thanksgiving; a Merry Christmas and a Happy New Year to the readers and friends of The Journal. Will you help us realize as much for The Journal?

"Some Hints to the Medical Profession," a neat little pamphlet on Medical Ethics and the life of the doctor, by H. R. Butler, M. D., Atlanta, Ga. Reprint of paper read before the Georgia State Medical, Dental and Pharmaceutical Association, Augusta, Ga., May 5, 1909.

Meharry Medical College opened September 15, 1909, the Pharmaceutical Department opened September 27th and the Dental Department, September 29th, on which date the formal public opening was held and at which addresses were made by the leading clergymen of the city. Everything portends a successful year.

Subscribers are asked to kindly mention The Journal in writing to advertisers; also if any exhibits were seen at the meeting of the National Medical Association in which the subscriber is interested and writes to the firm concerning the same, he is asked to make mention of the facts that he saw the article on exhibition at the meeting of the National Medical Association.

Information comes to us to the effect that Dr. A. M. Curtis of Washington, D. C., has been elected as Associate Professor of Surgery and Lecturer on Surgical Pathology at the Howard University Medical School. We wish to congratulate Dr. Curtis on his promotion and also the University on such a valuable acquisition to its already excellent corps of instructors.

Among other interesting proceedings of the recent international medical congress at Budapest were two reports of discoveries of immense interest to the laity as well as the scientific world: A salt solution which will conquer peritonitis, a cure which has been sought for centuries; and a noted London specialist promised that in a short time he would reveal the cause of cancer. Medicine is moving up a few paces.

We are in receipt of a very valuable pamphlet on "Hookworm Disease and the Negroes," by Charles W. Stiles, Ph. D., United States Public Health and Marine Hospital Service. This pamphlet was sent from the Hampton Institute. Physicians who are interested and desire a copy may obtain the same by sending the request with name and address on postal card to the Office of Publication, Hampton Institute, Hampton, Va.

Last Thursday night the fair attendance at the Lyceum was in-

structively entertained by a paper on Tuberculosis, by Dr. E. P. Roberts. Dr. P. A. Johnson presided.—New York Age.

Thus you see the National Medical Association is extending its influence to help the laity. Dr. E. P. Roberts is State Vice-president for New York and Dr. P. A. Johnson has just vacated the Presidency.—Associate Editor.

The following notice ought to be pleasant reading to the profession:

The undersigned physicians respectfully announce that on and after September 20, 1909, Fair Haven Infirmary, 197 W. Mitchell Street, Atlanta, Ga., will be open for the reception of medical and surgical patients. We sincerely solicit your patronage.

Drs. A. D. Jones, H. R. Butler, W. F. Penn, T. H. Slater, L. P. Walton, L. B. Palmer.

The next meeting of the National Medical Association will be held in the city of Washington the last Tuesday, Wednesday and Thursday in August, 1910. The local committee has already organized with Dr. W. S. Lofton as Chairman and Dr. George W. Cabaniss as Treasurer. Plans are being laid and funds collected for the entertainment of the Association. The slogan is, that there must be 500 delegates in attendance at this meeting.

On September 9th, Dr. D. C. Northcross of Montgomery, Ala., spent a couple of hours at the Tuskegee Institute assisting Dr. J. A. Kenney in an operation for appendicitis on one of the ex-teachers of the school. She made complete recovery and was discharged in fifteen days.

On September 23d Dr. J. A. Kenney was called to Montgomery to assist Dr. Northcross in an abdominal operation which was successfully performed and the patient has since recovered.

The members of the professions of Washington have started preparation for the Twelfth Annual Meeting of the National Medical Association, August 23, 24, 25, 1910. Under a call issued by the Presidents of the Medico-Chirurgical, Freedman Dental and Washington Pharmaceutical Societies and Howard Medical Alumni Association, the members met and formed a local committee and elected the following officers: Dr. William S. Lofton, Chairman; Dr. J. W. Mitchell, Vice-chairman; Mrs. A. V. Gray, Phar. D., Secretary; Dr. J. W. Dowling, Assistant Secretary; Dr. George W. Cabaniss, Treasurer.

The Business Manager desires to extend his grateful thanks to Drs. C. V. Roman, W. G. Alexander, W. S. Lofton, A. W. Williams, J. W. McDowell, W. C. Gordon, F. S. Hargrave, F. G. Elliott, M. F. Wheatland, A. M. Brown, C. L. Carter, J. D. Nelson, W. E. Sterrs, J. W. Walker and others who so promptly answered his appeal to help get a number of subscribers. They have by so doing materially

assisted in increasing the number of subscriptions, thus strengthening The Journal. He wishes also to thank many of the members and other subscribers for so promptly paying their subscriptions.

The Philadelphia Academy of Medicine and Allied Sciences held its Fifth Annual Meeting and election, October 18, 1909. The following officers were elected: Dr. R. W. Bailey of Germantown, President; Dr. M. N. White, Vice-president; Dr. Grace A. DiuGuid, Secretary; Dr. James Howard, Assistant Secretary; Dr. A. T. Boyer, Corresponding Secretary; Dr. P. J. Taylor, Treasurer; Dr. T. G. Coates, Historian and Organizer. The following Executive Board was elected: Dr. N. F. Mossell, Dr. J. H. Boothe, Dr. T. S. Burwell, Dr. J. P. Turner, Dr. A. T. Boyer. Dr. J. Q. McDougald is the retiring President.

During his visit to Boston to attend the meeting of the National Medical Association, the General Secretary made several short visits among members of the Association and the profession in different cities and secured several subscriptions for The Journal and a few members. All along he found considerable evidence of prosperity and development among the physicians. In Norfolk he found a movement on foot for the establishment of a hospital and also found Drs. Drake and Moon doing some interesting and successful minor surgery in connection with their office practice. On his return he stopped in the city of Danville by engagement to do a trachelloraphy and perineorrhaphy on a patient of Dr. A. L. Winslow, who, together with Dr. James, rendered valuable assistance.

The Transfusion of Blood as a Therapeutic Agent with Report of Transfusion in a Case of Pellagra, H. P. Cole, Southern Medical Journal, April, 1909.

The report of this case is highly interesting as showing the therapeutic possibilities of this procedure. The patient was a Negress suffering from an acute form of pellagra, whose condition was so grave that death appeared to be imminent. In fact, this patient was one of two of equal severity selected to be transfused; the untransfused patient died the day of operation upon the other patient. The donor was a Negress who had recovered from a severe attack of pellagra over a year before. Within a day or two after the transfusion a marked improvement was noticeable and today the patient is perfectly well.

Announcement of Tuskegee Institute Hospital, for six months, from September 1, 1908 to April 1, 1909, an interesting brochure from which I extract the following data:

The Surgical Department is divided into a major and minor department. Seventy-one operations were performed under general anaesthesia, all of which were successful; no deaths resulting. The operations performed were as follows:

Abscesses, 3; adenitis—(a) axil-

lary 2, (b) cervical 2, (c) inguinal, 3; appendicitis, 5; carcinoma of cervix uteri, 1; crushed hand with amputation of fingers and part of hand, 1; cystic degeneration of ovaries, 4; fibro cystic ovaries, 2; elongated cervix with prolapsus uteri (amputation of cervix and suspensio uteri), 1; endometritis (with curettage), 5; hemorrhoids, 2; infected fingers and hand, 2; hysterectomy, 2; lacerated cervix uteri, 2; lacerated perineum, 2; ovarian cystoma, 1; phimoses, 12; pyosalpinx, 2; prolapsus uteri, 2; tonsilitis with tonsilotomy; 2; urethral strictures, 4; uterine displacements (intra-peritoneal shortening of round ligaments), 5; uterine myomata (myomectomy), 3; uterine polypus, 1.

—Editor-in-Chief.

Just as we are going to press we have received the acceptable news from the Post Office Department in Washington, D. C., that our Journal is admitted to the mails at second-class postage rates. We are happy to make this announcement, because this matter has given us a great deal of worry, and has come at the time when we had done everything in our power to satisfy the postal authorities. Now that we have a sufficient number of subscribers to get this rate, it shall be our object from now on to place The Journal on a sustaining basis. Heretofore it has been published at a loss, and is still being published at a loss. To accomplish the above-mentioned purpose we shall need nearly one thousand subscribers; also, it will be necessary to increase the subscription price, which has already been decided, and goes into effect thefirst of January, 1910. We wish again to call the attention of the members of the profession to this fact and to urge that as many as can do so will send in their subscription between now and the first of January. At present the subscription price is fifty cents per year, after January 1st it will be one dollar per year.

The Lamar Hospital and Training School for Nurses of Augusta, Ga., very successfully carried out the following program at McGregor Hall of that city:

Processional March, Orchestra; Invocation, Rev. S. X. Floyd; Music, Orchestra; Welcome Address, Miss Mary Benning; Music, Orchestra; Remarks, in behalf of the Professional Nurse, Miss L. C. Laney; Music, Orchestra; Report of Hospital Work, Miss Mittie White, Superintendent; Violin Solo, Mr. William Walton; Address to Graduates, Dr. C. V. Roman, Nashville, Tenn.; Solo (selected), Lieut. L. H. White; Remarks, Dr. J. E. Allen, Dean Medical School; Music, Orchestra; Presentation of Diplomas, Dr. T. E. Oertel; Presentation of School Pins, His Honor, Mayor W. M. Dunbar; Benediction; Music, Orchestra.

Though the institution is fourteen years old this was the first public exercise, and seemed to be very much enjoyed. It was held September 27, 1909.

The graduates were: Eliza Laura Batey, Augusta, Ga.; Mary Janet Benning, Augusta, Ga.; Cora Lee

Bass, Madison, Ga.; Lizzie Madison Hill, Dublin, Ga.

October 5, 1909, Eastern Carolina physicians and pharmacists met and organized a district Medico-Pharmaceutical Association, for the advancement of the profession. In response to summons sent out by Dr. F. S. Hargrave to physicians in Rocky Mount, Wilson, Goldsboro, Tarboro, Kinston and Greenville, the following doctors met, enrolled and organized what will be known to the world as the Eastern Carolina Medico-Pharmaceutical Association: Dr. C. H. Bynum of Kinston, Dr. J. E. Forte of Goldsboro, Dr. J. W. Bryan of Rocky Mount, Dr. W. A. Mitchner of Wilson, Dr. F. S. Hargrave of Wilson, Dr. J. D. Douglass of Rocky Mount, Dr. D. C. Yancy of Wilson, Dr. L. H. Ivy of Rocky Mount. The following officers were elected: Dr. F. S. Hargrave, President; Dr. J. W. Bryan, Vice-president; Dr. J. D. Douglass, Phg., Secretary and Treasurer. The National Medical Journal received the unanimous support of the association. President Hargrave stated in his opening remarks, among other things, that the burden of the state rested largely on the shoulders of the physician and clergyman. He further stated that this association would not only be helpful locally, but would be a stimulus to the state association. Lobar pneumonia was discussed by Dr. W. A. Mitchner, of Wilson. Meeting closed to meet in Rocky Mount on the first Tuesday in November. An invitation to attend a reception at the residence of Prof. and Mrs. S. H. Vick, was accepted.

Dr. F. S. Hargrave was recently elected State Vice-president of the National Medical Association for North Carolina at the recent meeting in Boston. Note his immediate activity. He has also sent in three new subscribers to The Journal. We expect he will send others. This is the kind of State Vice-presidents the National Medical Association wants. Let others get busy and do likewise, till every state and every section where there are a half dozen or more physicians are thoroughly organized and affiliated with the National.

The following from the Medical Reveiw of Reviews ought to be passed along:

BEWARE OF THE FLY

He breeds in the summer months of the year in the filth of the barnyard, in the manure of the stable, in the excrement of the privy, in the decaying garbage at the kitchen door.

He feeds on the filth from all of these places, on the spit of the consumptive, on the festering wounds of men and beasts, on the bodies of dead animals. He carries the filth from everything he touches, and may be covered with millions of death-producing germs. He may carry the dread germs of typhoid fever or the germs of consumption.

He flies from the privy to the fresh milk on the cellar floor, from the barnyard to the clean dishes of vegetables on the dining table, from

the spit of the consumptive to the nipple of the baby's bottle, from the garbage can to the lips of the sleeping child, from the dead body to the fresh fruit.

Keep out the fly!

Screen your doors and windows.

See that no flies enter or leave the privy.

Cover the dishes and keep them covered.

Store the manure where the flies cannot reach it and remove it frequently.

Put your garbage into cans and keep the cans tightly closed.

Prevent the flies from breeding by allowing no filth or dirt to accumulate around the house, the stable, the barn, or the yard.

Pour kerosene oil into the drains and kill the eggs of the flies.

Where there is no dirt or filth there will be no flies.

Beware of the fly!

A prominent dermatologist claiming furunculosis to be of a purely local nature—due to local infection with staphylococci—recommends the following treatment as effective:

For the treatment of boils, all that is necessary is a small piece of stick sharpened to a fine point, a little absorbent cotton, a 95 per cent. solution of carbolic acid, and a 5 or 10 per cent. ointment of salicylic acid. As soon as the boil has pointed, and it has usually done so when the patient comes to us, a small bit of the cotton is wound about the pointed stick, dipped in the carbolic acid and bored into the softened point of the boil. This gives a chance for the pus to escape and thoroughly disinfects the cavity of the boil. The boil is not to be squeezed. The surface of the skin in the neighborhood of the boil is then washed over with peroxide of hydrogen, or a solution of bichloride of mercury, 1 in 1000, and the salicylic acid ointment spread on old washed cotton or linen cloth, or several thicknesses of gauze, laid over the boil and the adjacent region. That is the end of that boil, as a rule. If it is a very large boil, the operation may have to be repeated the next day. The ointment is to be kept constantly on the affected part for a week. Of course, a few new boils may appear for a few days in the region, the result of the infection of the skin follicles before this treatment was instituted. They are to be treated in the same way and a cure will soon be attained.

If a patient comes to us before the boil has pointed it may be aborted by injecting into it a drop or two of a 5 or 10 per cent. solution of carbolic acid, or touching its top with 95 per cent. carbolic acid, while the above-mentioned salicylic acid ointment is used as a dressing.

Dr. W. G. Alexander, of Orange, N. J., having resigned his position as Business Manager of the Journal in favor of Dr. J. A. Kenney, of Tuskegee Institute, the management of the Journal decided that he was too useful a man to be idle and has secured his valuable services as an Associate Editor of The Journal.

All contributors are urgently asked to send in their material on typewritten sheets and use only one side of the paper.

Information comes to us that the physicians, dentists and pharmacists of Chicago have reorganized their medical society under the name of the "Physicians, Dentists and Pharmacists' Club." The date of meeting, first and third Mondays of each month. Place of meeting, Douglas Center, 3032 Wabash Avenue. The officers are: E. S. Miller, M. D., President; J. H. Plummer, D. D. S., Vice-president; H. R. Smith, M. D., Secretary; J. W. McDowell, M. D., Treasurer; A. W. Williams, M. D., Chairman of the Executive Committee; Asa D. C. Barnes, D. D. S., Secretary.

NEW YORK NEWS

The first of the regular winter meetings of the Medico-Chirurgical Association of Greater New York was held October 8th. The meeting was devoted to the reading of annual reports and the installation of officers. The officers for the ensuing year are: Dr. R. C. Fraser, President; Dr. R. L. Cooper, Censor; Dr. M. S. N. Pierre, Secretary. The second meeting was held November 5th. The paper was read by Dr. R. A. Taylor. At the December meeting the paper will be read by Dr. G. E. Cannon of Jersey City. The society has planned to hold several public meetings during the year.

MASSACHUSETTS NEWS

As an aftermath of the National Medical Association meeting in Boston, the local committee tendered itself a banquet at the Hotel Upton. Practically every physician and dentist in New England was present. Dr. S. E. Courtney acted as toastmaster. Short speeches were made by several of the members. A manifest feeling of good fellowship prevailed; and the work of the National Association meeting in stimulating and fostering professional Esprit de corps was apparent.

The Bay State Medical, Dental and Pharmaceutical Association has inaugurated a series of public meetings to be held at the various churches during the coming winter. The first meeting was held Sunday, October 17th, at the Twelfth Baptist Church. The papers read were: "Hygiene of Infancy and Childhood," by Dr. B. L. Whitehead; "Oral Hygiene," by Dr. Don J. Pinheiro; "Common Diseases of Infancy and Childhood," by Dr. S. E. Courtney. The meeting was well attended and the interest was keen. The next meeting will be held November 21st.

NEW JERSEY NEWS

The development of local organizations is not only of great benefit to the National Association; the individual members are well rewarded for the time and effort spent.

Dr. Norman T. Cotton, Boston College, P. and S., '08, has located in Patterson.

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Despite adverse predictions, Plymouth Hospital is meeting with deserved success.

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Dr. Geo. F. Watts, formerly of Atlantic City, has opened dental offices in Plainfield.

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A movement is afoot to re-establish the McDonough Memorial Hospital in New York.

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Dr. Roscoe C. Wormley has moved from Plainfield to Washington, D. C. He has been appointed a member of the Howard Dental faculty.

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There is a prospect that within another year the physicians of northern New Jersey will establish a hospital. The necessity for one is apparent.

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The paper read by Dr. R. A. Taylor, at the New York meeting of the National Medical Association entitled, "Tuberculosis, a Tenement House Problem," appeared in a recent issue of the Medical Record.

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The press of Washington is already naming probable and "logical" candidates for the presidency. Less attention to the presidency and more attention to the welfare of the organization is a "logical" desideratum.

At the last session of the American Climatological Association one of the speakers declared that in pneumonia "Negroes invariably run a subnormal temperature." The question is, did he use a thermometer; if so, what kind.

Another stated that he had never seen a Negro recover from tuberculosis. Few Negroes have sufficient money to indulge in such a luxury.

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The North Jersey Medical Society of New Jersey holds monthly meetings throughout the year. The September meeting was held at Asbury Park at the residence of Dr. W. J. Parks. A paper on "Antral Empyema" was read by Dr. W. P. G. Urling of Newark. The October meeting was held at Plainfield at the residence of Dr. J. C. Anderson. Dr. W. J. Parks read a paper, "Collecting." The November meeting was held at the residence of Dr. W. G. Alexander of Orange. A paper entitled, "Extraction; and the Indications for It," was read by Dr. W. H. Sutherland of Orange.

The first of the public meetings under the auspices of the Society will be held in January.

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After a most successful meeting in Boston which was a credit to their race and the medical profession, the following-named officers were elected by the National Medical Association composed of Negroes: Dr. Marcus F. Wheatland of Newport, R. I., President; Dr. W. S. Lofton of Washington, D. C., Vice-president; Dr. J. A. Kenney of Tuske-

gee Institute, General Secretary; Dr. A. W. Williams of Chicago, Treasurer; Mrs. J. P. H. Coleman of Newport News, Va., Pharmaceutical Secretary; Dr. A. T. Robinson of New York City, Dental Secretary. The next meeting will be held at Washington, D. C. A banquet was served at Paul Revere Hall on the evening of September 27th.—"Annals of Medical Practice," Boston.

PENNSYLVANIA NEWS

Dr. A. E. West is located at Reading, Pa.

Dr. Forrest H. Battis has removed from Wilkesbarre, Pa., to Philadelphia.

The state appropriation to Douglas Hospital for the present year was $25,000

Dr. H. E. Parson, of Philadelphia College of Pharmacy has located in Harrisburg.

Dr. Bowles, of York, Pa.; has been appointed to staff of the Hospital in that city.

Dr. Stephen J. Lewis, of Washington, D. C. (Howard '99) has opened dental offices in Harrisburg.

Dr. B. B. Jeffers, of Steelton, who was compelled to relinquish his practice owing to ill health, has returned much improved.

Dr. E. Mayfield Boyle, who was located at Williamsport, Pa., has removed to Washington, D. C. Williamsport is now without a colored practitioner.

Dr. Paul J. Taylor is rendering efficient service as Clinical Assistant in the Out-Patient Department of Jefferson Hospital. In one year his position among the assistants has been advanced from sixth to second.

Douglass Hospital is preparing to open a Post-Graduate Course, which will embrace the following branches, General Medicine, Pulmonary Tuberculosis, eye, ear, nose and throat, Obstetrics, Pediatrics, Neurology, Genito-Urinary, Practical Laboratory, Gynecology and Post-Mortem.

The Philadelphia Academy of Medicine and the Allied Sciences began its winter sessions on Monday evening, October 18th, at the Hotel Crescent. The meeting was devoted to the election of officers and the reading of the reports of the Historian, Oganizer, Executive Committee, Treasurer and Secretary. The retiring President, Dr. J. Q. McDougald delivered an address and made his annual report. The officers elected were: President, Dr. R. W. Bailey; Vice-president, Dr. M. N. White; Secretary, Dr. Grace DiuGuid; Assistant Secretary, Dr. J. T. Howard; Corresponding Secretary, Dr. A. T. Boyer; Treasurer, Dr. P. J. Taylor; Organizer, Dr. Thomas Coates; Executive Committee; Drs. T. S. Burwell, J. H. Boothe, N. F. Mossell, A. T. Boyer, J. P. Turner.

COMMENTS ON THE JOURNAL

Next to the National Organization, The Journal is the thing most needed by the colored physicians of this country. I hope the profession will rally to its support.

Sincerely yours,
R. T. HAMILTON.

Dallas, Texas.

Atlanta, Ga., September 24, 1909.
Dr. John A. Kenney,
Tuskegee, Ala.
Dear Sir:

Please accept our thanks for the copy of The Journal of the National Medical Association. It is a very creditable edition and it will give me pleasure to speak favorably of it, if you think a layman's word will do it any good.

Sincerely yours,
JOHN HOPE.

Darlington, S. C., Sept. 23, 1909.
Dr. J. A. Kenney,
Tuskegee, Ala.
Dear Doctor:

Yours of recent date at hand. I thank you much for the papers sent me containing account of the proceedings of the Association, and I still regret not having been able to participate. I am sending you copy of a letter I am addressing to the physicians of the state in the interest of The Journal. I am also enclosing my check for $2.00 for my subscription and what change is left apply it to help on The Journal. I wish you would send me a number of the subscription blanks that I might mail one with each circular. I am,

Yours fraternally,
JOSEPH A. ROBINSON.

Darlington, S. C., Sept. 23, 1909.
Dear Doctor:

I am addressing you this communication in the interest of The Journal of the National Medical Association. The price has advanced to $1.00 per year instead of 50 cents because of the extra expense of getting it out. The intrinsic value of The Journal must appeal to you if nothing else. Aside from this consideration we cannot afford to let this the only Negro publication devoted to science and fighting for National character die because we are lukewarm to its and our best interests. One dollar from each of us for its annual support means little to us but life to The Journal. Further talk on this subject is not necessary. Sustaining the reputation of the Palmetto Medical Association means to subscribe at once to The Journal.

I am enclosing blank forms which fill out if you have not already subscribed for this year and mail with remittance to the Secretary. Trusting that you will attend to this at once as delays make us forgetful, I am,

Yours fraternally,
JOSEPH A. ROBINSON.
Chairman Executive Committee Board.

We submit this correspondence from Dr. J. A. Robinson for the benefit of the members of the Association and as a stimulus to others to lend their co-operation in a similar manner to the advancement of the work. Dr. Robinson prior to this has already rendered the Association effective service.—Associate Editor.

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"Just received copy of Journal of National Medical Association, for which I thank you and hail its arrival with joy. Further, I predict for it an enormous circulation and success beyond expectation."

E. L. Faulkner, M. D.

Denver, Col.

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Request comes to us for a good physician to locate in a lucrative field where there are several thousand colored people living in California. Any one desiring to investigate will be given particulars by addressing Business Manager of Journal.

MINUTES OF THE BOSTON MEETING

NATIONAL MEDICAL ASSOCIATION, BOSTON, AUGUST 24, 25 AND 26, 1909

The National Medical Association convened in its 11th annual session at the Parker Memorial Hall, Boston, Mass., August 24, 1909. Called to order at 11:15 o'clock in the morning by Dr. W. C. Lane, Chairman of the Local Committee. Invocation by Rev. C. A. Ward. Opening expressions of welcome and presentation of the Gavel to Dr. P. A. Johnson, President of the National Medical Association by Dr. W. C. Lane. Music, America. Dr. P. A. Johnson then delivered his annual address. Dr. Thirkield, president of Howard University was then presented and introduced to the Association and delivered a very interesting address. Dr. Merrill, ex-president of Fisk University was then introduced who also spoke very encouragingly. The General Secretary then read letters from Dr. John Alcindor, of London, accepting the privilege of becoming an associate member of the National Medical Association and Dr. W. S. Scarborough, of Wilberforce, Ohio. A telegram was then read from Dr. R. J. Abele of Philadelphia who was on the program to give response to address of welcome. The telegram expressed his regrets at not being able to attend. Dr. W. E. Sterrs, of Decatur, Ala., Secretary of the Executive Board, then read his report. Motion by Dr. Cannon which was duly seconded that the report of the Executive Board be adopted. Carried. Dr. A. W. Williams, of Chicago, Treasurer of the National Medical Association then made his report. On motion the report was referred to the Auditing Board. Dr. J. A. Kenney, Tuskegee, Ala., General Secretary, followed with a verbal report of the work and urged each member to do all in his power to assist the General Officers with the advancement of the work. He also reported that the Association was still making rapid strides and that its membership was increasing and the work was getting a stronghold on the profession and that it had truly become a National body. Special attention was called to the Jour-

nal recently published and the members were urged to give their support.

Dr. George W. Cabaniss of Washington, D. C., moved that the report of the Secretary be adopted. Carried.

TUESDAY, AFTERNOON SESSION, AUGUST 24, 1909

Called to order at 2:25 o'clock, with the President, presiding. Reading and adoption of minutes of previous session. The report of the Program and Censor Committee was called for, but no report was offered. Reports from delegates from State and Local Societies.

The call for Alabama was responded to by Dr. Willis E. Sterrs, of Decatur, who reported that the Alabama Medical, Surgica , Dental, and Pharmaceutical Association was making a fight against Tuberculosis and that good work had been done along the line of instructing the ignorant classes as to proper hygiene. The Association met in its annual Convention in the city of Selma with a good representation present and many papers of interest were read and discussed, also operations performed. At its meeting the Journal of the National Medical Association was adopted as the official organ for the Alabama Medical, Dental and Pharmaceutical Association.

Massachusetts was represented by Dr. H. G. McKerrow, a member of the Bay State Medical, Dental and Pharmaceutical Society. He reported his society as having 25 members and that they held monthly meetings. Pennsylvania was represented by Dr. C. Lennon Carter of Harrisburg. He reported 118 physicians located in the larger cities of the state; that the Philadelphia physicians were active while those of Pittsburg were inactive. He reported the Frederick Douglass Hospital, of Philadelphia, as being the largest hospital controled by colored people in the world. Mercy Hospital, a small hospital in the same city, is also doing good work. The Booker T. Washington hospital has recently been established at Pittsburg

Dr. Miller, of Memphis, Tenn., reported a State Society with 42 members. The society meets monthly. Dr. C. V. Roma , State Vice-president of Tennessee, reported that pharmacists were very much in demand. He reported a live State Society and active Local Societies at Memphis, Nashville and Knoxville, Tenn. The doctor spoke of having made the office of President of the National Medical Association during his incumbency a much sought office.

Dr. W. C. Gordon, State Vice-president of Ohio, reported an active State Organization.

Dr. R. A. Taylor, of New York, reported the physicians as doing well in that state.

Dr Charles Marshall, State Vice-president of the District of Columbia, stated that the physicians of the District were pleased with the Journal of the National Medical Association and introduced Dr. John W. Mitchell, the delegate of the Medico-Chirurgical Society. Dr. Mitchell reported that in the small territory embraced in the city of Washington there was a large number of Physicians, dentists and pharmacists. Society holds monthly meetings, and has a membership of fifty. There are also seventeen druggists and thirty-two dentists in the district.

Dr. Childs, of Washington, asked privilege for a minute in order to say that Dr. J. W. Mitchell is Professor of Materia Medica in Howard University.

North Carolina was represented by Dr. A. M. Moore, of Durham, who graduated in the second class at the Leonard Medical School. He said that he had been a member of his State Medical Society from its begin-

ning, 21 years ago. He reported that there is a hospital of thirty beds at Durham and that there are many drug stores but few den ists in the state.

Georgia was represented by Dr. A. A. Gordon, of Augusta, who reported a State Society of 76 physicians, dentists and pharmacists. They have a private sanitarium where major operations are done. Du ing the meeting of the Association in May, there was a special meeting of the dentists at which time nine dentists were present. Private sanitariums have been es ablished also at Macon and Atlanta. The Local Societies are i good condition.

Dr. W. C. Smalls, of Jackonville, represented Florida. He reported that in his state they are over-crowded with physicians, that they have a State Society, which, however, is not in good condition and appealed to the National Medical Association to take active means to stir up the physicians in his state.

Illinois was represented by Dr. A. W. Williams who reported 47 physicians, 8 dentists and 10 pharmacists in Chicago. He reported Provident Hospital as being the "Mother Hospital" controled by Negroes in this country. He said that the medical profession of Chicago was not united.

Michigan was represented by Dr. Ames, of Detroit, who reported the utmost harmony existing among the four colored physicians of his state. He said that all the physicians in his state, regardless of color, had access to all the hospitals in the state. There are three colored dentists in Detroit, but no colored Local Society.

Dr. H. F. Gamble brought greetings from West Virginia and $17.50 from new members and subscribers for The Journal. He said that the physicians in his state were getting along nicely.

South Carolina was represented by Dr. J. R. Levy, who reported a flourishing State Organization with a membership of 48. There are two hospitals at C lumbia and Spartanburg. Dr. John E. Hunter, of Lexington, Ky., represented Kentucky. He made appeal for the meeting of the National Medical Association south of the Mason and Dixon's line.

Maryland: Dr. Carr, of Baltimore said that they had a hospital in Baltimore now in good condition.

Virginia, t e Old Dominion, was represented by Dr. W. P. Dickerson, of Newport News. He reported that the State Society had held no meeting since last meeting of the N. M. A. He reported, however, that the Tide Water Medical Society, which Society is wholly medical, held enthusiastic meetings monthly on the first Friday. It is the largest Society in the state, having a membership of thirty and is seven years old. He said that there are six members present, and invited the National Medical Association to Tide Water in 1911.

Dr. Amanda V. Gray at this point brought greetings from the Pharmaceutical Society from Washington, D. C., and invited the Association to meet in the city in 1910. Dr. Lofton of Washington, D. C., represented the Dental Society of the city and reported 14 members and said that they held monthly meetings.

On motion the reports of the State and Local Societies were adopted. The motion was here made by Dr. John B. Hall, of Boston, to the effect that the compliments and best wishes of the National Medical Association and courtesies of the meeting be extended to the Association of Colored Graduate Nurses now in session in this city. Motion prevailed. Paper, Oration on Medicine: "The Treatment of Lobar Pneumonia," by Dr. J. J. France, of Portsmouth, Va.—a very thorough and interesting paper

on the subject. On motion by Dr. C. V. Roman, the rules were suspended, and discussion of paper allowed, and a substitute by Dr. Childs limited the discussion to fifteen minutes. The discussion was opened by Dr. Carr, of Baltimore, followed by Drs. George E. Cannon, New Jersey, C. V. Roman of Nashville, Tenn., and R. A. Taylor of New York City, Charles I. West of Washington, D. C., and A. M. Moore of Durham. The disscussion was closed by Dr. France.

Paper, "Obstetrics and some Obstetrical Problems," Dr. H. F. Gamble of Charleston, W. Va. Discussion opened by Dr. J. E. Hunter of Lexington, followed by Dr. J. W. McDowell of Chicago, A. M. Moore, of Durham, J. J. France of Portsmouth, W. T. Carr, of Baltimore. Discussion closed by Dr. Gamble.

Mr. Trotter, editor of Boston Guardian, brought greetings from the Guardian. The Association was urged to attend clinics at the City Hospital from 11:00 o'clock to 1:00 o'clock on Wednesday. On motion, adjourment.

TUESDAY, EVENING SESSION

Meeting called to order in Faneuil Hall at eight o'clock by Dr. W. C. Lane who introduced Dr. I. L. Roberts, as presiding officer. After introductory remarks by latter he presented Hon. Elmer A. Stevens, Treasurer and Receiver General of Massachussetts who made a splendid address in which he lauded the skill and ability of Dr. Fuller, Pathologist of Westborough Insane Asylum. He was followed by the Hon. W. Dudley Cotton who represented the Mayor.

Solo by Mrs. Nellie Brown Mitchell, the Star Spangled Banner in which the audience joined. Address of welcome by Dr. Silas D. Presbrey President of the Massachussetts Medical Society. Address of welcome by Dr. Thomas W. Patrick on behalf of the physicians of New England. The addresses of welcome were splendid efforts on the part of the gentlemen who rendered them and went far to assure the delegates that they were indeed welcom to Historic Boston. Dr. Presbrey's address contained a great deal of Medical History and was exceedingly interesting throughout.

Response to addresses of welcome by Dr. C. V. Roman, of Nashville, Tenn. Dr. Roman's humor, wit and eloquence at once captivated the large audience which packed the hall from door to rostrum and he was frequently applauded during the time that he occupied the stand.

Piano Solo by Miss Georgine Glover. Address of welcome by E. E. Brown, Esq., Chairman of the Citizen's Committee. Solo by Mrs. Nellie Brown Mitchell. Adjournment.

WEDNESDAY MORNING, AUGUST 25TH

The Association adjourned for clinics at the Boston City Hospital from eleven to one where the following operations were performed by doctors of the staff:

I. Inguinal Hernia.
II. Appendectomy.
III. Lumbar Abscess.
IV. Carbuncle of the Foot.
V. Cerebellar Tumor.

These were performed by Dr. Hubbard and Dr. Nichols.

VI. Mastoid operation by Dr. Borden.

These operations were of much scientific value and of great interest to the physicians who had turned out in full force to show their appreciation for the courtesies extended. During the operations explanatory remarks were made by Dr. Thomas of the staff of the Boston City Hospital. After the clinic a luncheon was served in the Library of the City Hospital and Dr. S. E. Courtney introduced Dr. Holt the assist-

ant superintendent of the hospital who made a short address of welcome in which he said that the luncheon was tendered to the members of the National Medical Association by the City of Boston through the City Hospital. Dr. John E. Hunter of Lexington, Ky., made response in a few brief remarks well chosen and to the point. Dr. M. O. Dumas of Washington, D. C., moved that a vote of thanks be tendered the management of the Boston City Hospital for the courtesies extended. The motion received a second and was carried unanimously. Dr. G. W. Cabaniss of Washington, D. C., moved that a vote of thanks be tendered Dr. S. E. Courtney of Boston for using his influence to secure the privileges of the hospital which we had received. This was seconded and carried. (Dr. Courtney was formerly an interne at the Boston City Hospital.) After an extended inspection of the hospital in all of its various departments the delegates repaired to the Parker Memorial Hall for the afternoon session.

WEDNESDAY, AFTERNOON SESSION

Session opened at 2:45 o'clock. Prayer by Rev. William A. Burch of Cambridge. Reading of Minutes of Tuesday's session and Wednesday morning's doings. Motion was made that they be received and adopted.

Paper, "Some Points for Consideration in Pelvic Lesions" by Dr. George C. Hall of Chicago, Ill. Discussion was opened by Dr. A. M. Curtis of Washington, D. C., fol-l wed by Dr. France of Portsmouth, Va., Dr. W. E. Sterrs of Decatur, Ala., Dr. J. W. McDowell, Dr. W. H. Higgins of Providence. Closed by Dr. Hall. President extended his thanks to Dr. Hall for his paper.

Dr. C. V. Roman of Nashville, Tenn., then introduced Dr. Hubbard, Dean of Meharry Medical School, who expressed his pleasure at being present. He said he had been working for the last thirty-three years along the line of medical education for the colored people. He said that he had remarked to a professor of Harvard Medical College that from personal observation the colored man is especially adapted to the medical profession and had, indeed, been a success. He stated that the graduates from the medical schools worked in harmony. There are 938 medical graduates from Meharry, 95 per cent. of these are practicing medicine. He further stated that there are nearly 2,000 colored physicians in the United States. Dr. Roman then introduced Dr. Solomon Fuller, State Biologist, at Westborough, Mass. Dr. Marshall then called for the members of the Executive Board to retire for the meeting of that body. Dr. Childs, Chairman of the Medical Section, stated that there would be a meeting of the Medical Section at ten o'clock on Thursday at the Massachusetts General Hospital at which time a medical clinic would be held.

Paper, "Post Operative Ileus," with report of cases, Dr. John A. Kenney of Tuskegee Institute, Ala. Remarks on the paper by Dr. W. C. Gordon of Springfield, Ohio, Dr. A. N. Gordon of Augusta, Ga., and Dr. R. A. Taylor of New York City. It seemed a rather peculiar co-incident that the only paper on surgery, presented in its scheduled time, should have been read during the absence of the entire Surgical Section. This was a condition of affairs that could not be overlooked and was so impressive that the chair made unfavorable comment concerning the occurrence.

Paper, "The Preservation of Pharmacotherapy Necessary to Medical Advance," A. M. Townsend, M. D., Nashville, Tenn. Before beginning

his paper, he suggested that the audience rise and sing "My Country, Tis of Thee." This was done. Discussion opened by Dr. C. V. Roman of Nashville, Tenn., followed by Drs. Cabaniss of Washington, D. C. S. Leroy Morris, of Atlantic City, N. J., G. E. Cannon of Jersey City, N. J., D. B. Miller of Memphis, Tenn , and was closed by Dr. Townsend.

To carry greetings of the National Medical Association to the Nurses Association then in session in the city of Boston, the following committee was appointed: Dr. John B. Hall of Boston, Dr. W. G. Alexander of Orange, N. J., and Dr. M. O. Dumas of Washington, D. C.

Motion that a letter of thanks be tendered the authorities of the Boston City Hospital for their courtesies to the members of the Association on Wednesday morning in holding the instructive and interesting clinic and a very much enjoyed luncheon. The motion prevailed and the following committee was appointed: Dr. M. O. Dumas of Washington, D. C., Dr. S. E. Courtney of Boston, and Dr. C. V. Roman of Nashville, Tenn. An invitation was extended to visit Harvard University at 8:30 o'clock Thursday morning. Dr. Childs made remark to the effect that the Chairman of the Medical Section should preside over the medical meeting. Motion was made by Dr. Alexander to close the meeting and to have the rest of the program at the next meeting. The motion did not prevail. It was decided to have the paper of Dr. Thomas W. Patrick read at the evening session and the other papers at Thursday morning session. A discussion was begun by Dr. Childs, but was cut short for lack of time for meeting of Medical Section. The following resolutions were read by Dr. S. Leroy Morris of Atlantic City, N. J.: That the length of the program be shortened; that no night scientific sessions be held; that essays be limited to the constitutional time of twenty minutes. The resolutions were ruled out of order. A motion was then made by Dr. Childs to the effect that there be two sessions of the Convention daily and that these sessions be continued for four days. Carried. This motion was afterwards ruled out on the grounds that it must come through the Executive Board. Adjournment.

WEDNESDAY, EVENING SESSION

Called to order at 8:30 o'clock by the President.

Paper, "The Pharmacist in his Relation to the Physician and the Public," T. W. Patrick, M. D., of Boston. Discussion by Drs. McDowell of Chicago, Carter of Pennsylvania, Higgins of Rhode Island. Motion was made that the continuation of the discussion be deferred until after the work of the evening. This was ruled out of order. Dr. T. W. Patrick, the essayist, and those who discussed the paper spoke strongly against the habit of counter-prescribing by druggists. Dr. Coleman of Newport News, Va., spoke in defence of the pharmacist and held that the doctors were very much to blame for the condition. Drs. Townsend of Tennessee, Henderson of South Carolina, Coats of Philadelphia also discussed the paper. Dr. W. C. Gordon of Ohio stated that when the druggist substitutes, he may as well go out of business. Motion by Dr. Taylor that the discussion be closed. Carried. Discussion closed by Dr. Patrick.

Lecture, "The Diagnostic Value of the X-Ray in General Practice with Lantern Slides," Dr. Marcus F. Wheatland of Newport, R. I. The exhibition of several slides made his lecture very interesting. Discussion by Drs. M. O. Dumas of Washington, D. C., and C. N. Garland of

Boston. Previous to the lecture the motion had been made to cut the discussion of the papers for the evening. Objection was raised to this, and Dr. N. F. Mossell of Philadelphia made the remark that there was no one present who could discuss Dr. Wheatland's lecture. After the discussion, Dr. Bruington of South Corolina arose to express his satisfaction that there were members present qualified to discuss the paper and stated that he would regret very much to have it go down in the minutes that there were no members in the Association qualified to discuss paper on the above-mentioned subject.

Paper, "Tuberculosis in Massachusetts and Methods for its Relief and Control," by C. W. Harrison, M. D., Boston, Mass. Discussion by Drs. Bruington of South Carolina, M. O. Dumas of Washington, A. N. Lushington of Lynchburg, W. C. Gordon of Ohio, and A. W. Williams of Chicago. Dr. Gordon of Springfield, Ohio, agreed to have his paper printed in The Journal instead of reading it at this time. Dr. A. W. Williams of Chicago also agreed to have his paper go over. Adjournment.

THURSDAY, MORNING SESSION

Called to order at 11:00 o'clock, Dr. W. S. Lofton, Vice-president, presiding.

Paper, "Chronic Gonorrhoea," by Peter F. Ghee, M. D., of Jersey City, N. J. Discussion by Drs. M. O. Dumas of Washington, D. C., and George E. Cannon of Jersey City, N. J. Closing of discussion by Dr. Ghee.

Paper, "Gastric Ulcer," by Dr. J. J. Robinson of Providence, R. I. Discussion opened by Dr. W. H. Higgins of Providence, R. I., followed by Drs. Howard of Cleveland, Ohio, Cabaniss of Washington, D. C. Moore of Durham, N. C., Wheatland of Rhode Island. Motion by Dr. Cabaniss that author close discussion in three minutes. Carried.

Paper, "The Relation of the Physician to the Pharmacist," by Dr. A. V. Gray of Washington, D. C. Discussion by Drs. Higgins of Providence, R. I., Curtis of Washington, Alexander of New Jersey, Hargrave of North Carolina, Childs of Washington, D. C., Wright of Maryland, Patrick of Boston, Cabaniss of Washington and Gordon of Springfield, Ohio. Discussion closed by Dr. A. V. Gray.

Paper, "The Opportunity for Specialization," by Anna R. Cooper, M. D., Chicago, Ill. Discussion by Dr. W. G. Alexander of New Jersey. Discussion closed by Dr. Cooper.

Dr. H. F. Gamble of Charleston, W. Va., made a verbal report of the Committee on Medical Education. Among other things he stated that the Negro Medical Schools are said to range from second to sixth grade, this rating made by the American Medical Association on the grounds of the number of failures before the state boards. Of these Negro Medical Schools three were not regarded as Medical Schools. Dr. Hall of Chicago, commenting on the above report stated that the schools should raise their standards. Dr. W. G. Alexander of New Jersey, endorsed this statement of Dr. Hall. Dr. Anderson of Plainfield, N. J., concurred in Dr. Alexander's opinion. Dr. Higgins of Rhode Island referred to statistics as given by Dr. Gamble as possibly incorrect. He said that prejudice in the South was largely responsible for the high percentage of failures. Dr. Wright of Baltimore suggested that a Committee of three draw up resolutions on the above comments and hand in to The Journal for publication. The motion received a second and was carried. The Committee appointed

was as follows: Drs. W. H. Wright of Baltimore, George C. Hall of Chicago and J. C. Anderson of Plainfield, N. J.

Dr. Latimore, of Louisville, Ky., suggested that conditions in the South were not so pronounced as in dicated in above comments. At this point President Johnson called attention of the members to the special issue of the New York Age and the Guardian giving prominence to the meeting of the National Medical Association. Dr. Roman emphasized the great necessity for he best preparation for the study of Medicine. Motion by Dr. Dumas that Dr. Childs, of Washington, be allowed three minutes to refer to the work of the Howard University. Carried. Dr. Childs made remarks concerning the good work which Howard University is doing in preparing physicians. Dr. W. C. McNeal, Secretary of the Howard University announ ed that Howard is not a Negro school but an institution for all peoples.

Dr. J. A. Kenney, of Tuskegee, Inst., Ala., was given the floor to make report on the work of the Journal of the National Medical Association. He yeilded his time to Dr. C. V. Roman, of Tennessee, Editor-in-Chief. Dr. Dumas, made report of the commitee appointed to draft resolutions of thanks to Trustees of Boston City Hospital. His report was received and authorized to be sent to the Hospital and to the press. Dr. Cabaniss made motion that the Association adjourn until two-thirty. Carried. Adjournment. During the interval between the morning and afternoon sessions the official photograph of the National Medical Association was taken.

THURSDAY, AFTERNOON SESSION

Called to order at 3:25 o'clock, President Johnson, presiding. Motion that proxy vote be entertained by this association. Motion withdrawn after discussion. Motion was made seconded and carried that a committee of three be appointed to name time and p'ace for next meeting. Committee was composed of Drs. France, of Portsmouth, Va., Levy of South Carolina, Cabaniss of District of Columbia. The committee withdrew to select the place. Motion by Dr. Cabaniss that hereafter the Convention be held four days instead of three, to include Friday. After discussion motion was withdrawn. Report of Executive Board by Willis E. Sterrs, M. D., Secretary. Motion was made that the report be acted upon by sections. Carried. Section one of the report was adopted. Section two was read and adopted. Dr. Curtis asked that the Chairman of the Executive Board or Chairman of the Medical Section explain what is meant by constituent Associations. Dr. Mossell explained the meaning, but not to the satisfaction of Dr. Curtis. Section three was read and approved. Section four was read. Motioned by Dr. Childs and seconded by Dr. Cabaniss that it be adopted. Carried. Section five was read and discussed. Dr. Curtis asked what would be the result if the constituent Association did not pay the assessed fee of $5.00. See report, Secretary Executive Board.

Committee on Time and Place reported. Place, Washington, D. C. Time as per constitution. The report of the committee is as follows:

"Mr. President, Members of the National Medical Association: Dr. Mitchell, representing the Medical, Dental, and Pharmaceutical Society of Washington, speaking as the mouth-piece of the Society, extends an invitation to that city.

Dr. McNeil, Secretary and Treasurer of Howard University, reinforced this invitation, offering facilities of the Howard University and Freedman's Hospital. Dr. Lofton

also added a word in behalf of Washington, making it clear that the invitation to Washington is unanimous. After a statement from Dr. France with reference to Hampton, the commi tee decided in favor of Washington. Report of the committee adopted:

Dr. Courtney announced invitation of the Mayor, that fifty members at 8:15, on Friday morning, go by boat to visit the Hospital for incurables. Motion by Dr. Cabaniss that the invitation be accepted with thanks. Carried.

Dr. J. A. Kenney announced the special edition of The New York Age, containing full proceedings of the Association.

Chairman ruled that visitors separate themselves from members for roll call and voting. The roll was now called, absentees as per roll. Those present entitled to vote 100. The Chairman appointed the following three tellers to take up the ballots and count the votes:

Dr. West of Washington, Dr. Carter of Harrisburg, Dr. Kenney of Tuskegee Institute.

Motion by Dr. W. G. Alexander that the nominating speech be allowed five minutes; and, that second to nomination be given two minutes, and limited to two speakers only, was carried. Dr. I. L. Roberts of Boston nominated Dr. Marcus F. Wheatland of Rhode Island for President. Dr. C. V. Roman of Nashville, Tenn., seconded the nomination. Dr. Courtney of Boston, motioned that Dr. Wheatland be elected by acclamation. Seconded by Dr. E. C. Howard. Dr. Cannon gained point of order on Dr. Courtney to the effect that nomination by acclamation was out of order. Dr. Curtis rose to point of order that the whole procedure was out of order, that Dr. Courtney should have said unanimous ballot. Dr. Sterrs nominated Dr. C. N. Garland of Boston. Dr. Higgins seconded the nomination. Dr. Garland declined in favor of Dr. Wheatland. Motion by Dr. Roman that the Secretary cast unanimous ballot for Dr. Wheatland, was carried. Dr. Kenney then cast unanimous ballot for Dr. Marcus F. Wheatland, and the President declared that Dr. Wheatland was elected the next President of the National Medical Association. Dr. Alexander of New Jersey, moved that the rest of the officers be elected by standing vote. Motion lost. Dr. Roman nominated Dr. J. B. Hall of Boston, as Vice-president. Dr. Childs moved that the Secretary cast unanimous vote for Dr. Hall. Motion lost. Dr. Marshall of Washington, nominated Dr. Lofton of District of Columbia, for Vice-president. Dr. Gilbert seconded the nomination. Ballot was taken. Dr. Hall received 21 votes, Dr. Lofton 31. Dr. Lofton was declared elected Vice-president. Dr. Kenney was elected unanimously as General Secretary. It was then motioned by Dr. Lofton that the officers be installed, which was carried. President Johnson proceeded to install and congratulate the new officers and ex-committee, and members for the pains-taking assistance rendered his administration. Dr. Dumas made motion that a vote of thanks be given to the retiring officers. Dr. Cannon motioned that vote of thanks be tendered Bay State, Local and all other committees who contributed to the success of the meeting, which was carried.

The Medical Section recommended the election of Dr. Marshall of District of Columbia, to succeed Dr. Collins on the Executive Board. Motion by Dr. Cannon that the recommendation be received was carried, Dr. Cabaniss moved that hereafter the Constitution will provide that the first Vice-president shall come from the Dental

Section, and the second Vice-president from the Pharmaceutical Section. Seconded by Dr. Childs, and was carried. Adjourned, to meet in Washington, the last Tuesday, Wednesday and Thursday, in August, 1910.

REPORT OF COMMITTEE ON MEDICAL EDUCATION AND NEGRO MEDICAL SCHOOLS

H. F. GAMBLE, M. D., Chairman

Members of the Executive Board of the National Medical Association:

The Committee on Education has the honor to present the following report on Medical Education and Negro Medical Schools: The Committee was given a duty to perform without the means to execute the investigations imposed upon it.

First: With a depleted treasury there were no means with which to prosecute investigations, and therefore, the report must necessarily be limited.

What work has been accomplished has been done in two ways. First: By correspondence with the various colored medical schools, and second, by delegating or requesting individuals of unquestionable reputation on the field or location of the school to investigate and report their findings to the committee. These reports and correspondences with school officers and special sub-committees are submitted for your consideration. We have been able to locate six Negro medical schools in the United States. We have written and sent circular letters to all of them. We have received replies from three of the six, which are to be printed in the next issue, and we especially ask your consideration of these correspondences. The most interesting part of our investigation, however, has not been obtained from correspondence or investigators, but rather from the investigations and reports of the American Medical Association which seems to have investigated very thoroughly the standing of graduates of all schools. A tabulated report of the standing of the colored medical schools for the years of 1906 and 1907 before the various State Examining Boards as represented by their graduates, will be printed in full in next issue, in tabular form.

As per the investigation of the American Medical Association, all colleges represented by their graduates before the various State Boards, are represented in one of three classes. In the first class, it is represented by all graduates examined before the various State Boards, who have less than ten per cent. failures. In the second class or grade, all colleges whose graduates show less than twenty per cent. failures of their graduates before the various State Boards, and the third class, all colleges whose graduates show over twenty per cent. of failures before the various State Boards. Until the year of 1907, the six Negro medical schools were in the third class. As is shown by the tabular report, Howard University alone of the six schools, has reached as high as the second class. She ought to have done better—her percentage of failures for 1907 being seventeen and nine-tenths per cent.

You will note in the letter from the Dean of the Medical Department of Howard University that he uses this language, "The course of medical instructions, now given in the Medical Department at Howard University, is generally recognized

as equal to that given by any medical college in the country." He further says. "The lack of sufficient preliminary training has been largely eliminated by the Medical Department at Howard University, by making more severe the entrance examination, previous to and after matriculation." Notwithstanding this fact, Howard University has uniformly stood in the third grade medical schools with all the advantages of the Federal appropriations and also notwithstanding the fact, she is well supplied with medical instructors.

It is gratifying to have the frank expression of Drs. Hubbard and Messerve of Meharry and Shaw Universities respectively and their letters are especially interesting and you are requested to take careful note of them.

Some years ago I began the investigation of the standings and the conditions of the Negro medical schools, and since these schools have known that their records were of public concern they have made marked improvement as is shown by the percentage of their successful graduates before the various State Boards. In the effort to hold up the shortcomings of these schools for criticism, they have reduced their percentage of failures by nearly one-half. In this work I wish especially to thank Drs. Kenney and Jones for their services rendered to the Committee. I wish to state further that Dr. McDougald of Philadelphia who was placed on this Committee is not in harmony with the spirit of the work and has been of absolutely no service to the Committee. If this Committee is to be continued, Dr. McDougald should be replaced by some competent man who is in accord with the spirit of the National Medical Association.

Now, as to the reports of various special agents or committees who have investigated Negro medical schools, one medical school at least, is reported as being unworthy the name of medical school, poor teachers, cheap graduates, cheap schools, and in short, they fail in every respect to measure up to the standard of efficiency. Another complaint of another school indicates that its efficiency is materially affected by the large number of family connections holding professorships in the school.

The substance of the needs of Negro students attending Negro medical schools as expressed in the letters of the presidents and Deans of the schools, are the needs of early home training, poverty, lack of proper literary training, lack of funds for colored medical colleges.

The Committee especially recommends that all proper means and influences should be exerted by the National Medical Association to aid Negro medical schools to reach the highest standard of efficiency by exerting our efforts to secure for these schools a better class of students: sufficient money to meet the needs of the schools; and a healthy public sentiment that will encourage and sustain these worthy institutions in their efforts to supply the much needed service they are trying to render humanity, though handicapped.

MINUTES OF DENTAL SECTION

The Dental Section of the National Medical Association has every reason to feel proud of its success, and the members of this branch should be congratulated. This section was organized at Baltimore, Maryland, in 1907, with twenty-five dentists in attendance and a full program. The same was true at New York in 1908, with twenty-seven in attendance, and in Boston this year, there were twenty-two dentists in attendance, and on Wednesday, while the surgical clinics were on at the City Hospital, the dental clinics were in progress, and ten of the twenty-two in attendance operated in the infirmary of Tuft's Medical and Dental College. We hope to have at least one hundred in attendance in Washington, D. C., in 1910.

We take this opportunity to acknowledge the receipt of the "Dental Summary" among our exchanges.

Tuesday afternoon, August 24, 1909. Meeting of the Dental Section of the National Medical Association on Tuesday afternoon, having met with the general body in the forenoon. In the absence of Dr. C. C. Fry of Washington, D. C., Dr. H. W. Ross was elected Chairman pro tem. Twenty-two in attendance representing the following states:

Maryland, Pennsylvania, New Jersey, New York, Rhode Island, North Carolina, Massachusetts, District of Columbia.

This session was devoted to hearing reports from committees appointed in New York, and adopting report of committee on rules for the government of this section.

Wednesday Morning.—Clinics at the infirmary of Tuft's Medical and Dental College from 10 o'clock until 2.

Wednesday Afternoon.—Section convened in regular session. Dr. Robinson of Jersey City, N. J., read a paper on "Alveolar Abscess." Dr. Van Horn of Rhode Island, opened the discussion, followed by Dr. Gilbert of Massachusetts, and others. The following committee was appointed to bring in nominations of officers to represent this section: Dr. Marshall of New York, Dr. Robinson of New Jersey, Dr. Jones of Massachusetts.

The following resolution was adopted:

To the Executive Committee: Being informed that the National Medical Association will in the future, handle all exhibits, resolved, that it is the desire of the Dental Section, that a dentist be appointed by the Chairman to secure and arrange dental exhibits. Adjourned until 10 a. m., Thursday.

Thursday Morning.—Meeting was called to order at 10:45. Dr. E. I. Wright presented his paper on "Treatment of Putrescent Pulp." The discussion was opened by Dr. D. J. Pinneiro, followed by Drs. Gilbert, Marshall, Royster, Robinson of New Jersey, Jones of Massachusetts, and others. The paper and discussion occupied the entire morning session. Committee on Nominations reported as follows: Dr. Wm. F. Lofton for Vice-president; Dr. M. A. Van Horn, Executive Committee; Dr. A. T. Robinson, National Secretary Dental Section. Adjourned to meet with the general body at 2 p. m.

MINUTES OF PHARMACEUTICAL SECTION

The Pharmaceutical Section of the National Medical Association held its third annual meeting, August 27th.

Dr. L. H. Singleton, the President, being absent, Dr. Amanda Gray was made Chairman and the meeting was called to order. Minutes of the last meeting were read and adopted. Two new members were enrolled. Greetings and letters of regret from some of the members who could not attend were read by the Secretary.

Plans by which a larger number of pharmacists could be reached and interested in the meeting were discussed. Also methods of calling the physician's attention and acquainting him with the preparations prepared by the pharmacist from recognized formulae of the United States Pharmacopœia and the National Formulary, many of which are equal if not superior to their favorite "proprietaries."

Especially was it urged that physicians do not specify in prescribing ordinary proprietary preparations.

A vote of thanks was turned Drs. Patrick and Gray for the excellent papers read before the National Medical Assciation. These papers brought forth a general discussion on the part of the physician and the druggist, and called attention to some of the considerations due each other.

A brief report of the pharmacist in business was read by Dr. J. P. H. Coleman. It was encouraging to know that so many pharmacists were engaged in business and nearly all with a marked degree of success.

The following officers were elected: Dr. H. S. Pope, Baltimore, Md., President; Dr. W. H. Baskerville, Secretary; Dr. Amanda Gray, Washington, Member of Executive Board; Dr. J. P. H. Coleman, Pharmaceutical Secretary.

MINUTES OF MEDICAL SECTION

Boston, Mass., Aug. 25, 1909.—The Medical Section of the National Medical Association was called to order by the Chairman, Dr. C. W. Childs. An announcement was made of a Medical Clinic to be held at the Massachusetts General Hospital at 10:30 a. m., August 26th.

On the afternoon of August 26th, the meeting was largely attended and a strong plea was made for four days' annual meeting with two sessions daily. After much discussion, resolutions concerning the same, which were presented by Dr. Morris of Atlantic City, were adopted by the body.

It was further discussed and unanimously adopted that the Executive Committee and the Committee on Program be requested to so arrange the Annual Program that the Medical Section be allowed to bring its work more prominently before the National Body, and that greater opportunity be afforded for Medical Clinics.

Upon motion, Dr. C. W. Childs was unanimously elected Chairman and Dr. F. S. Hargrave, North Carolina, Secretary. Upon motion of Dr. Cannon of New Jersey, Dr. C. H. Marshall was elected member of the Executive Board, after which we adjourned.

REPORT OF EDITOR OF JOURNAL TO EXECUTIVE BOARD

Mr. President, and Members of the National Medical Association:

As Editor-in-Chief of The Journal of the National Medical Association, I beg leave to submit the following report:

At our last Annual Session it was decided to publish a bulletin or circular, quarterly, and the Secretary was commissioned so to do.

As I had been elected Editor of The Journal to be at our Lexington session, and said action had never been rescinded, the Secretary sought me to become Editor-in-C ief, and with authority of the National Medical Association a represented by the President, Secretary and Executive Committee, I assumed editorship with the following staff:

C. V. Roman, M. D., Nashville, Tenn., Editor-in-Chief; J. A. Kenney, M. D., Tuskegee Institute, Ala., Asociate Editor; W. G Alexander, M. D., Orange, N. J., Business Manager; W. S. Lofton, D. D. S., Washington, D. C., Dental Editor; Amanda V. Gray, Phar. D., Washington D. C., Pharmaceutical Editor.

The burden of the work has fallen upon my Associate Editor, Dr. J. A. Kenney, the honored and efficient Secretary of this Association, and myself. He has looked after the printing, mailing and the business part generally, while I have looked after the matter, its literary form, etc. We have worked harmoniously together, and each has done all he could. The Journal is the resu t of our joint efforts strenuously made. I submit it for your inspection. Do you like it? Will you support it? Do you wish it continued? I offer the following suggestions or recommendations:

1. That the subscription price be one dollar per year.

2. That the Journal appear regularly, on the 15th of February, May, August and November, that is, at the middle of each quarter.

3. That all matter intended for publication reach the Editor-in-Chief or his Associate Editor not later than the first day of the month of publication.

4. Some provision shou'd be made for postage, clerk hire and stationery. These have had to be paid by the Editors, so far.

5. The arrangement of departments and departmental editors should be left to the Editor-in Chief.

6. Associate Editor should be Business Manager.

7. That members of the Association be earnestly requested to answer the correspondence of the Editors.

Thanks to the officers of the various state associations, and the doctors generally for cordial support.

So much as an official. Now a w rd as a man—an individual who is not ashamed of his race, and who believes that its potentiali ies are as great as those of any other people. I have just about reached what may be called middle age, but have seen changes that seem marvelous. Fate has kept me on the frontier, and so far, my vision has never deceived me. I attained my education where it was considered foolish for a c lored boy or girl to seek the so-called higher education, the only colored man laying claims to an education was a table waiter, and a poor one at that—I persisted, however.

When I was through I created somewhat of a sensation on deciding to go South. I went and got a good job teaching school in a community that objected to a Negro teaching there—not the white people, but the colored patrons of the school objected. I saw that pass. I finally realized my life's ambition when I

read over a modest office door, C. V. Roman, M. D., Physician and Surgeon. It was where they said no "nigger doctor" could get any support. I saw that pass.

After fifteen years' successful experience as a general practitioner I decided to limit my practice to diseases of the eye, ear, nose and throat. Returning from a London trip in 1904, I accepted the professorship of diseases of the eye, ear, nose and throat in Meharry Medical College, and entered upon (what I believe) the first limited practice ever attained by a colored man in the United States, certainly South of Mason and Dixon's line. I had no colored professional friend in that line, and all my white ones said it would not pay among colored people. Waiving the financial question, I will say, it is now five years since I have treated a case in general medicine. The hardships have been many, and difficulties still beset the path, and the financial rewards for the colored Doctor of Medicine are still to be found in the general practice, yet I intend to press on, I have never thought of retreat.

The editorship of a Negro Medical Journal is a position on the extreme frontier, but I believe the race will hold it.

I will state a few experiences as Editor. Two colored men of wide, varied and long experience in printing and publishing business, declared The Journal would not succeed for the following reasons:

1st. As a class, colored doctors do not read.

2nd. Those who do read have no interest in race publications .If they read them they will not pay for them.

3rd. They have little professional interest—none of that altruistic spirit that has made medicine one of the greatest professions that ever engaged the heart and brain of man.

4th. Lastly, The Journal is too high-class for the clientele. The standard is too high for the colored medical man.

These are the dismal conclusions of colored business men of experience.

The white man's prophesy of failure is found in the observation of a Texas peace officer. He was discussing chasing fugitive criminals. He said a Negro can outrun a white man going down hill. He can equal him on a level, "hence," deduces this astute Sherlock Holmes, "if you wish to catch a fleeing Negro, head him up hill," for, concludes he sententiously, "the Negro is not a climber." The Editor significantly added. "This is true in more senses than one. The Negro is not a climber. He soon drops exhausted if you head him up hill."

"The lords of life! the lords of life! I have seen them pass, I have seen them pass." From my boyhood days I have been a pioneer, and the spirit that has beckoned me on has never deceived me.

As the Editor of the first medical journal issued by an association of colored men I do not feel that I fail in prescient vision when I repudiate with scorn these disheartening conclusions and say to you in the words of Columbus to his discouraged mate, "Sail on! Sail on! Sail on and on.

If I am only destined to be Moses and view the land, I am sure my worthy Associate Editor will be the Joshua to go in and possess the land of successful medical journalism for the National Medical Association. What will you do? We are headed up-hill. Can you, will you climb?

MINUTES OF SECRETARY OF EXECUTIVE BOARD

Decatur, Ala., Aug. 17, 1909.—Early in the present year soon after the adjournment of the New York meeting there arose great dissension in the Boston medical fraternity and there appeared much opposition to the meeting of National Medical Association in the city of Boston for its 1909 session. So great was the opposition that General Secretary Dr. John A. Kenney took up the matter with the Executive Committee and officials of the National Medical Association of the advisability of selecting another place for the 1909 meeting.

Opinions or votes were obtained by views or ballots of the various members of the Executive Committee obtained by correspondence. These resulted in a decision to stick to former selection of Boston. Opposition soon died away. The most favorable reports of harmonious and cencerted action of the fraternity round about Boston and its citizens to make the 1909 mee ing eclipse all previous ones were sent out. For some reason the Chairman of the Executive Committee has not seen fit to place very arduous duties upon its Secretary. He has made no official request for any call or communication nor given any orders as Chairman during the year. In reply to a request of the Executive Committee Secretary, dated August 7, 1909, to call the Executive Committee to meet a day previous to the 1909 session of the National Medical Association, the Chairman wrote under the date of August 8, 1909 expressing his inability to be present at 1909 meeting on account of engagements with the K. of P. Supreme Lodge in Kansas City, Kansas, and concurring in the advisability of the meeting of Executive Committee suggesting Dr. John E. Hunter to preside.

Under date August 4th, Secretary Executive Committee notified President P. A. Johnson of the fact that this committee had not been called. Under date August 6th, President replied requesting the Secretary to issue call at once.

August 7th, in reply to circular letter from Dr. A. M. Curtis concerning surgical clin c at the Boston meeting, extended invitation to Dr. Curtis to be present at meeting of Executive Committ e and together with this body to arrange surgical clinics so as to harmonize with the rest of the work and to make a fit and equitable distribution.

In reply to a letter from Dr. N. F. Mossell, a member of the Surgical Section and the Executive Committee, the Secretary made the same suggestion.

August 10th, circular letters were sent to all members of the Executive Committee requesting their presence in the city of Boston August 23rd. Upon the same date Dr. C. N. Garland was requested to make necessary preparation for the meeting of Executive Committee.

Drs. C. V. Roman and W. G. Alexander were also notified and invited to be present at this meeting in interest of the Journal.

Boston, Mass., Aug. 23, 1909, 8:30 P. M.—Meeting called to order by President P. A. Johnson. Chairman Dr. R. F. Boyd being absent, Dr. N. F. Mossell was elected Chairman pro tem. By invitation Dr. C. V. Roman was present.

Members and officers present at roll call as follows: P. A. Johnson, W. S. Lofton, John A. Kenney, A. W. Williams, M. A. Van Horn, Amanda V. Gray, N. F. Mossell, G. E. Cannon, W. E. Sterrs Absentees: R. F. Boyd, John E. Hunter, A. R. Collins, C. H. Sheppard (who entered later).

Having elected only two members at the New York meeting, 1908, instead of three that should have been elected it was the opinion of the Executive Committee assembled that four be elected at this meeting. The expirations of the terms of Drs. Van Horn, Amanda V. Gray, A. R. Collins and W. E. Sterrs. Dr. John E. Hunter's term expired 1908, but by error no one is elected from Surgical Section and therefore he held over Since there are to be only three three-year committeemen, it is the opinion of the Executive Comtee that the one elected to succeed Dr. Hunter serve only two years.

Reading of the minutes was called for. The Secretary not having attended the New York meeting and not having copy of minutes of same sent him, was not able to furnish same

but made a report of the proceedings since New York meeting. Report received.

Question asked whether or not Secretary of Executive Committee had sent out notice for a meeting of Executive Committee in Washington, March, 1909. Secretary reported no call for meeting in Washington was issued neither was the same ordered by Chairman.

At this point Drs. Samuel E. Courtney, Eugene I. Wright, M. A. N. Shaw composing a committee, representing the Bay State Medical Association, sought admission. Their request was granted and they were admitted. Dr. M. A. N. Shaw acting as spokesman, made a plea for the National Medical Association to consider themselves invited to Boston by the Bay State Medical Association and to be guest of the same and not the guest of a committee from New England.

After Dr. Shaw's address he and his associates were excused. Motion by Dr. Lofton, seconded by Dr. Kenney, that the Executive Committee serve notice upon Bay State Medical Association that the National Medical Association, neither of its committees nor officials cannot adjust local affairs and therefore will adhere to the official program of the committee from New England.

Treasurer A. W. Williams made report. (See report.) Balance in treasury August 23, 1909, reported $53.70

Motion by Dr. Van Horn seconded by Dr. Sheppard (who came in after roll call) that report be received and stand approved.

Dr. Cannon suggested the correction that: report of Treasurer show for what moneys were expended. Report received with corrections.

Editor C. V. Roman was called upon to make report of Journal of National Medical Association. (See report.)

Motion by Dr. Amanda V. Gray, seconded by Dr Van Horn, that committee of three be appointed by the Chairman to consider recommendations of Dr. Roman. Carried. Three yeas, two nays.

Motion by Dr. Sheppard seconded by Dr. Cannon, that report of Dr. Roman be received by Executive Committee. Carried.

Dr. John A. Kenney presented and read a letter from Louisiana making complaint and protest on account of the fact that the State Vice-president of the National Medical Association of Louisiana was not a member of the Louisiana State Medical Society.

The Chairman ruled that all State Vice-presidents be selected from the membership of the state organization where such an organization exists.

Dr. W. G. Alexander, Business Manager of National Medical Association Journal, was ready to report.

By motion of Dr. Van Horn that report of Dr. Alexander be referred to the special committee of three on report of Editor, which was carried.

Executive Committee adjourned to meet after morning session National Medical Association, August 24, 1909.

August 25, 1909. Boston.—Executive Committee in session, by unanimous vote the following recommendations were sent to the body, viz.:

The Executive Committee respectfully recommends for the future good and benefit of our enlarging body,

1st. That only two sessions be held of the body of National Medical Association each day, viz.: morning and night.

2nd. That the Censor and Program Committee exercise more vigilance in the preparation of programs so as to conform to the time and that the evening program be papers and discussions of popular subjects to benefit all visitors.

3rd. That the report of Editor of Journal be adopted and that he be reimbursed for moneys spent.

4th. That Censor and Program Committee consult constituent association concerning program.

5th. That no state or territorial medical association can be recognized as a constituent or affiliating association except upon the payment by them of $5.00 annually as a fee.

August 26, 1909, Boston, Executive Committee in session, afternoon.—New members. From Pharmaceutical Section Dr. Amanda V. Gray was elected and sent to Executive Committee for three years succeeding herself.

Dental Section re-elected Dr. M. A. Van Horn to succeed himself.

Surgical Section elected Dr. George C. Hall to succeed Dr. John E. Hunter (whose term expired 1908, Dr. Hall's term being for two years).

Surgical Section re-elected Dr. Willis E. Sterrs to succeed himself (his term expiring 1909. Re-elected for three years).

Medical Section elected Dr. Chas. H. Marshall to succeed Dr. A. R. Collins.

Roll—M. A. Van Horn, Amanda V. Gray, George C. Hall, Willis E. Sterrs, Secretary; G. C. Cannon, Chairman; N. F. Mossell, C. H. Sheppard, Charles H. Marshall, R. F. Boyd.

August 26, night session.—Executive Committee met after or during banquet in room on first floor of Paul Revere Hall.

Motion by Dr. George C. Hall that Dr. G. E. Cannon be elected Chairman of Executive Committee. Carried.

Motion by Dr. N. F. Mossell that A. W. Williams be re-elected Treasurer of National Medical Association and Willis E. Sterrs Secretary of Executive Committee. Carried.

State Vice-presidents for year beginning August 27, 1909, named and elected as follows:

Alabama—John W. Darden.

District of Columbia—George W. Cabaniss.

Illinois—J. W. McDowell.

Massachussetts—H. G. McKerrow, Worcester.

Kentucky—J. A. C. Lattimore.

Tennessee—Robert T. Burt.

Pennsylvania—C. L. Carter.

Ohio—W. C. Gordon.

West Virginia—H. F. Gamble.

Rhode Island—W. H. Higgins.

Other states to be given Vice-presidents by Secretary of Executive Committee when furnished list of eligibles by General Secretary.

Adjourned.

SOME SOCIAL FEATURES OF THE RECENT CONVENTION

Members and friends of the National Medical Association are unanimous in the statement, that never before in the history of the National Medical Association had they been so generously entertained as they were in Boston. Everywhere one turned, he was received with the greatest cordiality. The local committee of the New England doctors did its work efficiently. Apparently no task was too difficult or tedious to undertake, if the accomplishment of it meant increased enjoyment for the visitors. The usual ball and banquet became in Boston a magnificent spectacle. It was held in Mechanics Building in two of the finest appointed Halls that Boston affords. With excellent catering and music and witty after-dinner speeches and brilliantly gowned ladies, the banquet outrivalled in splendor and hospitality all previous sessions. The round of social festivities began on Wednesday, when all the visiting ladies of the convention were entertained by the Dr. DeGrasse Club, one of the two clubs organized by Dr. C. G. Steward. In the evening of that day an innovation in the National Medical Association socials took the form of a reception in honor of the Ladies' Auxiliary Clubs, which had been organized by several zealous doctors of the local committee for the purpose of assisting in the entertainment of the National Medical Association. These Auxiliary Clubs, with a few exceptions have the names of their organizers, and were as follows: the Dr. DeGrasse Club, the Dr. Harrison Club, the Dr. McCurdy Club, the Dr. Robinson Club, the Dr. Wright Club, the Dr. Roberts Club the Dr. Faulkner Club, organized by Dr. Roberts, the Dr. Lane Club, the Dr. Patrick Club, the Dr. MacKerrow Club, the Dr. Nelson Club, the Dr. Ross Club, the Ladies' Outing Club, organized by Dr. Steward, the Dr. Dunning Club. They were in great numbers at the reception together with all the doctors, their wives and guests. This reception was held in Horticultural Hall which is located in the musical and artistic centre of the city. A conservative estimate places the attendance as 1,200. Thursday morning after the Clinics in Boston City Hospital, the docters were tendered

a luncheon and afterwards shown through the various departments of the Hospital. Here a welcome address was made by Dr. Holt, Assistant Superintendent of the Hospital, the response being made by President Johnso . Drs. Rober s and Courtney members of the Reception Committee were instrumental in securing this hospitality. More than one thousand persons attended the ball and banquet on Thursday evening. On Friday morning the doctors were the guests of the city on a trip by boat to Long Island where is found the hospital for chronic and incurable cases. On the same day the doctors and their friends to the number of over 2,000 sailed down picturesque Boston Harbor to Bass Point a famous summer resort near Boston. This was the last of the large public social events of the week. The good people of B ston, however, continued their lavish hospitality throughout several successive days in "At Homes," "Afternoon Teas" and a largely attended sacred concert at the Columbus Avenue Zion Church.

NATIONAL ASSOCIATION COLORED GRADUATE NURSES

The National Association of Colored Graduate Nurses held its second Annual Convention in Boston, Mass., August 24 to 26, 1909. We were greatly encouraged by the increase f membership, the large attendance and the i terest manifested by nurses far and near The object of the Association is: To advance the standing and best interest of trained nurses and to place the profession on the highest plane attainable. The membership clause reads as follows: All nurses graduating from recognized hospitals giving a course of not less than two years' actual training after August, 1908, shall be eligible to membership. At our Boston meeting, chairmen were appointed for various districts with instructions to organize local branches. Through these local associations we hope to reach many nurses who have as yet shown but little interest and we wish to take this means of inviting the co-operation of physicians and nurses throughout the country.

The standar l is necessarily high and it is our especial wish that thereby we may cause our young women to enter only those hospitals offering the best training and to stimulate interest on the part of all hospital managers in the improvement of their institutions, thus sending out graduates capable of competing with any other nurses and making them eligible for membership in the National Association of Colored Graduate Nurses. While engaged in perfecting our Association, we are also working with the aim of soon establishing a much needed Registry for colored nurses, the object of such a bureau being to supply the public with nurses capable of rendering any professional service indicated.

Though busy with our own improvement professionally, we are not indifferent to the crying needs of humanity.

The non-hygienic conditions of many homes, the improper care and feeding of children and the great prevalence of Tuberculosis offer a large field of labor to physicians and nurses. The officers and members of the National Association of Colored Graduate Nurses realize their responsibility and intend doing their share of relief work.

Following are names and addresses of officers:

President, Miss M. M. Franklin, R. N., 61 Dixwell Avenue, New Haven, Conn.; 1st Vice-president, Miss Mary R. Tucker, 127 North 15th Street, Philadelphia, Pa.; 2nd Vice-president, Miss Eva M. Greenwood, Lac du Flambeau, Wis.; Secretary, Miss Mary F. Clark, R. N., 522 North 2nd Street, Richmond, Va.; Corresponding Secretary, Miss A. Lottie Marin, R. N., 66 West 134th Street, New York.; Treasurer, Miss Adah B. Samuels, Lincoln Hospital, corner East 141st Street and South Boulevard, New York.; Chairman of Membership Committee, Miss Eva N. Davis, R. N., 355 Cumberland Street, Norfolk, Va.

The Therapeutics of the Hot and Other Mineral Waters of Hot Springs, Ark., in the Treatment of Syphilis, Rheumatism and Other Diseases

By HAROLD H. PHIPPS, M. D., HOT SPRINGS, ARK.

Therapy of D seases of the Gastro--Intestinal Tract and its Appendages

NO attempt will be made to claim that the Hot Baths can penetrate the abdominal cavity and do good in grastro-intestinal cases, but, nevertheless, it is in these cases that the most brilliant results are obtained from the internal administration of the Mineral Waters of Hot Springs, Ark.; and the reason for this is readily apparent after a perusal of the definition for "Mineral Waters" given in a previous article. Chronic Catarrhal Gastritis and certain Chronic Neuroses of the Stomach, e. g., Hyperchlorhydria and Gastralgia are the diseases of the stomach that give the best prognosis under treatment here. In a general way, the indications in these diseases are the following:

1st. To compensate as far as possible for the histological changes that have taken place in the mucous membrane of the stomach by gradually training the disorganized gastric and peptic glands to increase their output, thereby making the gastric juice as nearly normal in quantity and composition as possible.

2nd. To neutralize any excess of H. C. L., in the gastric juice.

3rd. To prevent fermentation of the stomach contents. Without the invocation of the Materia Medica, all of these indications are met by the internal administration of the Hot and other Mineral Waters; the catarrhal condition of the mucous membrane of the stomach is reduced because excess of mucous is removed, and tone imparted to the membranes; the total amount of the H. C. L. in the gastric juice is increased for it is a fundamental axiom of stomach therapeutics that alkalies taken before meals increase the gastric secretions; taken after meals, these alkaline waters neutralize the organic acids (Lactic, Butyric and Acetic) resulting from fermentation of the stomach contents and as a secondary result Gastralgia and Heart-burn, due to the eructation of these gases, are relieved. Hyperchlorhydria is, of course, also counteracted by the neutralization of any excess of H. C. L. Thus the patient, worn out by the internal administration of drugs, gets a welcome reprieve and at the same time secures the same or better results. Nothing said above must be construed to mean that drugs are not administered, and that the diet is not looked after, for these methods do not come within the scope of this article.

Before closing, a few words must be said about habitual constipation. Patients suffering from this habit find relief by using the Nail Mountain, Magnesia, Potash, Sulphur and Mountain Valley Waters. These exert a mild, laxative effect, and their action is not impaired by continued use. They seem to have an especially wholesome effect in cases where strong purgatives have been taken nightly over a long period of time. Therefore, after the nightly pill habit has been formed, treatment here would be intermediate and helpful towards the return to normal activity of the Colon, the patient escaping the usual stagnation of the tract caused by the withdrawal of the nightly pill. The flushing of the

bowels which these laxative waters produce might also serve a useful purpose in the treatment of such pathological conditions as chronic Intestinal Catarrh, Chronic Obstruction of the Colon due to impacted feces, Chronic Catarrhal Inflamation of the Bile Ducts and Cirrhosis of the Liver. The internal administration of the "Waters" has thus far been discussed, nothing being said of the Hot Baths. Though there is no direct indication for their use in the diseases mentioned above, it will be admitted that hydro-therapeutic measures and massage are nearly always useful adjuncts in the treatment of these stubborn affections.

Therapy of Certain Nervous Diseases

A large number of the cases that come here fall within this category. In the majority of these, progress toward cure, if obtained at all, is slow and the practitioner who essays to select cases of Nervous Diseases for treatment here must, of necessity, exercise a great deal of discretion. Only those cases in which the hydro-therapeutic measures and massage employed here seem to be beneficial will be discussed. Those attributable to Syphilis take first place, e. g., Tabes Dorsalis, Spastic Paraplegia, Multiple Neuritis, Paresis and Erb's Paralysis. In these cases "The Baths" are prescribed and administered in the same manner as in the routine treatment for Syphilis, the disease that is presumably the fore-runner with this variation: they are made tepid instead of hot (temperature 80 degrees Farenheit to 90 degrees Farenheit). Experience has shown that higher temperatures than these are deleterious in these cases. Gentle friction of the body surface, while the patient is in the bath, is also ordered. A general massage followed by the application of a galvanic current is administered two or three times a week. The generally strengthening and refreshing effect of the Baths, their action on the skin, the sensory nerves, the circulation and the respiration, upon metabolism and upon the general nutrition, if kept up over a period of several months produce the following results: relief from fulgurant pains, improved tone in the muscles, better control of bladder and rectum, disappearance of "Wrist-Drop" and "Foot-Drop" and re-appearance of the reflexes. Needless to say that in all these diseases the appropriate drug treatment is administered together with systematic and progressive exercises to train the muscles in co-ordination; the muscles are, as it were, trained up to the amount of work required of them. The beneficial results of the alterative action of the "Hot Baths" in Tumors and Gummata of the cord, meninges and brain have been sufficiently described under "Therapy of Syphilis." Whether the "Hot Baths" and the internal administration of the mineral waters are indicated in the treatment of Epilepsy is still "subjudice." In a few cases of Grand Mal, the frequency of the attacks was diminished as also their severity, but whether the change of environment, the rest, rigid routine of treatment, abstinence from alcohol and all forms of excitement together with the usual bromide treatment, or the hydro-therapeutic measures which were employed, were responsible for this happy state of affairs was not accurately determined. Probably, when the Pathology of this disease has been more definitely described we will be able to attribute to hydro-therapeutic measures their proper place in the treatment of this chronic affection.

Till then, any definite statement as to the therapy of these waters in the treatment of epilepsy must be withheld. All we can now say is that they are sometimes helpful.

Almost all forms of paralysis are benefited by the hydro-therapeutic measures, massage and electricity administered here. Neurasthenics comprise a large number of the patients who are treated here. The indications in this disease are, of course, the restoration of the vitality of the nerve centres and the diminution of their irritability. How far the hydro-therapeutic measures, massage and electricity employed here go in meeting these indications cannot be determined, but suffice it to say these measures form an essential part of the "Rest Cure" and take precedence over drugs. It must, however, be admitted that they are only secondary to the removal of the exciting cause and suitable dietary.

ease from the system, thus preventing serious complications and dangerous sequelae.

Tongaline is particularly indicated in grippe on account of its pronounced stimulating action on the liver, the kidneys, the intestines, the pores and the circulation, thus inducing general elimination.

Furthermore because the effects of Tongaline are so fully equalized there is no disturbance of any particular organ, but a speedy return to normal conditions.

A GALLSTONE OPERATION WITH H-M-C.

I have recently used H-M-C tablets (Abbott) for gallstones on a patient of 67 years, whose condition did not warrant a general anesthetic. The use of H-M-C tablets was supported by the local use of Schleich's mixture and the operation was completed, including the removal of over 700 gallstones without any pain to the patient and no subsequent nausea. In fact, several hours after the operation was performed the patient asked if we were not almost ready to take her up to the operating room. (I also find this preparation the best pain reliever I have ever used. Its effects are excellent and usual unpleasant sequels from the use of morphine are notably absent.)

C. H. Bushnell, M. D.

Chicago, Ill.

THE SCIENTIFIC SPIRIT

The Scientific Spirit prevails in the manfacturing chemists shops as never before. The Abbott Alkaloidal Company's physiologic and scientific laboratories are splendid examples. Quality is sought first, then quantity.

The Lancet Clinic.

The modern tendency is to take nothing for granted; and in the material things of commercialism it is a good, strong, healthful tendency. A few weeks ago I addressed the medical profession upon the subiect of principle and originality, directing their attention to the imitating and substituting of Tyree's Antiseptic Powder.

The subject is, we believe, an eminently important one to them, since it has a material bearing upon the precautionary methods now imposed upon every practitioner.

In view of these facts it seems fair to assert that advice should always be Tyree's, but executed seldom when simply prescribed and not specified. "The physician proposes, but the dispenser disposes." The patient suffers, and so does the physician's reputation.

Physicians everywhere are agreed as to the incomparable merits of Tyree's Powder. They prescribe Tyree's. They think the patient gets Tyree's. And that's where the trouble begins. Hospital and national formularies abound with erroneous formulas purporting to give the composition and percentage strength of Tyree's. And while they don't, the physician thinks they do, thinks they are "about the same," and thinks the druggist can put it up. But he can't.

In our judgment, Tyree's Antiseptic Powder has been universally adopted by medical men, because:

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2. Unlike other antiseptic agents, it promotes repair while destroying bacteria.

3. It is a detergent and deodorant, as well as an antiseptic and germicide.

4. It is inexpensive; hence well adapted for general use.

Each component of Tyree's Antiseptic Powder is of the highest attainable purity. The product is skilfully produced, and we verily believe it worthy of your constant employment, which can only be done by persistently specifying Tyree's.

As further evidence of these facts a liberal quantity of Tyree's Powder will be sent free to the profession, carriage prepaid, upon request. Dispensed in two and eight-ounce containers at twenty-five cents and one dollar.

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Negro Business League Herald, Washington, D. C.
A. M. E. Church Review, Nashville, Tenn.
Washington Medical Annals, Washington, D. C.
Dental Summary, Toledo, Ohio.
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